WHICH?

SANITATION

AND

SANATORY REMEDIES,

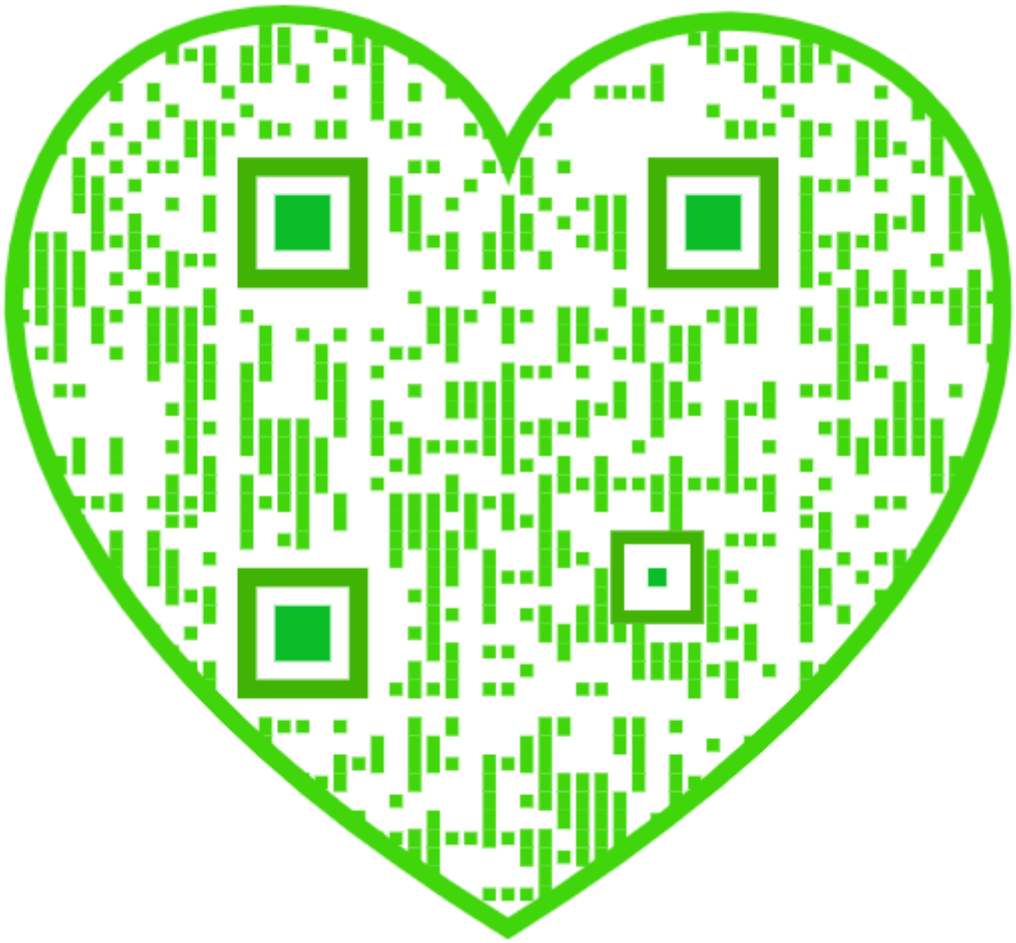
OR

VACCINATION

AND

THE DRUG TREATMENT?

JNO. PICKERING, F.R.G.S., F.S.S.



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SANITATION,
and the Sanatory Treatment of Diseases,

OR

VACCINATION,
and the Drug Treatment?

BY

JNO. PICKERING, F.R.G.S., F.S.S., F.S.A., &c.

Author of Pamphlets on the Vaccination Question in 1871 *and* 1876, *and Editor of the "Anti-Vaccinator and Public Health Journal" for* 1872-3.

ILLUSTRATED with Three Colored Plates, showing injuries through Vaccination.

LONDON: E. W. ALLEN, 4 AVE MARIA LANE, E.C.

Orders for 100 copies will be supplied at 7/- *per copy, including postage, to addresses supplied. Single copies* 8/2, *including postage or delivery. Address, enclosing Postal Order,* MR. JNO. PICKERING, *86, Thicket Road, Anerley, London, S.E.*

NOTICES, CORRESPONDENCE, &c.

"I rejoice that your great work against Vaccination appears after the establishment of County Councils and the real beginning of the influence of democracy. Why? Because there is a reasonable hope that the House of Commons will not be so overworked as to rest on a staff which is sure to pierce its heart, I mean on the pretence 'I obey my directors,' *i.e.* professed medical experts.

"Anti-vaccinators have treated a purely civil question, a question for Parliament and private right, as a question for medical experts; and in consequence we were met by many a cry from members of parliament, 'we will not even listen to your arguments.' Happily you appeal to good sense

and right and political broad reasoning, such as are fit for legislators, not to statistics kept under medical management; not to arguments which give every advantage to cunning dishonour of truth.

"I trust that out of your treatment of this wretched Vaccination craze will flow, by logical result, the displacement of the medical faculty from lucrative posts from which they are enabled so fatally to misdirect legislation. When it is so clear, that physicians and surgeons cannot gain by the public *Health*, but can and do gain by public *Ill Health* and only by *Ill Health;* one might well ask, 'what wiseacre would trust to them the planning of our laws.'

"With earnest wishes for grand success to your book."—EMERITUS PROFESSOR F. W. NEWMAN, *Weston-super-Mare*, *November* 24*th*, 1892.

"You do me too great honour. I much regret my total inability to peruse the proof sheets of your book.

"Work increases each day. Life and strength decrease every year. Your kindness will excuse me.

"I hope to read your book, to which I wish every success."—FLORENCE NIGHTINGALE. *London*, *November* 19*th*, 1892.

"Your excellent work strikes the keynote of a complete revolution in medical science and practice. Henceforth the twin sisters, nature and truth, are to proceed hand-in-hand for the amelioration of the 'ills that flesh is heir to;' while the charlatan nostrums of the faculty are to be cast aside as worse than worthless.

"It is a bold and worthy effort to introduce a rational mode of treatment for small-pox and other eruptive or non-eruptive fevers; which, if universally adopted, would reduce the mortality from those death-causes to a point; and would, to an infinitesimal degree, lessen and shorten the sufferings of the patients. I consider you have delivered the *coup de grâce* to the absurd and fatal practice of Vaccination.

"I am in full accord with your aims on behalf of suffering humanity, and not only wish your work a wide circulation, but hope your labours will be rewarded by the general adoption of the sanatory principles you advocate."—COUNCILLOR J. T. BIGGS, *Leicester*, *November* 24*th*, 1892.

"Your book is a terrible indictment of the Medical Profession, and of the mistake they have made in pushing the use of disease matters for Inoculation and Vaccination. The illustrations given are sad instances of the havoc spread by this means. But while you lay bare the evils of the imposture with an unsparing hand, you as plainly point to the happy alternative—Sanitation—as the result of your life-long studies into the real scientific process of dealing with the zymotic diseases. When society turns from the quackery of Vaccination to the natural and beneficent study of Sanitation, the saving of life will be enormous. Of this, as you well point out, Leicester and Keighley have given us an earnest and a foretaste, which ought to encourage the nation to escape from its present bondage under a foul and dangerous system of blood-poisoning, to the better way that you show us."—MAJOR GEN. PHELPS, *Edgbaston*, *near Birmingham*. *November* 26*th*, 1892.

"I would gladly help your excellent cause, but I do not think that my judgment on questions of sanitation or other preventives of or remedies for disease, is of any value."—FRANCES POWER COBBE, *Hengwrt*, *Dolgelley*, *N.W.*, *November* 24*th*, 1892.

"A marked feature of your work is the bold, vigorous, and masculine language in which you denounce the drug treatment as practised by the faculty, who arrogate to themselves the sole right to dictate to the people *the system* by which alone health may be *legally* restored.

"All haters of shams will thank you for the scathing *exposé* of the admitted ignorance of the profession who confess that they know of no cure for small-pox, and the disease must be allowed to 'run its course.'

"There will be a startling revelation to the people, and to the faculty, when corporations who spend tens of thousands of pounds upon fever hospitals under the allopathic system, decide to spend a few hundreds upon a fever hospital conducted on the hydropathic, or nature cure system, and test the two treatments by the results.

"It is a disgrace to the faculty that small-pox should be possible in the present stage of sanitary science, since they must know, that had it not been nurtured and kept alive by Inoculation and Vaccination, it must have died out like the other three great epidemics which during the last century desolated Europe.

"A friend of mine who had investigated the subject for years came to the conclusion that the medical man who, having studied the nature of small-pox and the practice of Vaccination in relation thereto, believed in the efficacy of the *rite*, was too big a fool to be entrusted with the cure of disease; and that the medical man who did not believe in it, and practised it, was—something worse.

"My own impression is, that those members of the profession who honestly believe in the efficacy of Vaccination (which is not saying much for their critical acumen), and the general public who have not studied the question, and still believe in it, are both misled by mistaking a co-incidence for a cause. It should be plain to the meanest capacity, that from the time (1798) when we ceased to *cultivate* small-pox by inoculation, there must of necessity be a reduced, and constantly reducing crop of that disease, and in the ordinary course of events the effect would have been attributed to its natural cause, viz.: ceasing to cultivate it by inoculation —aided by improved sanitary arrangements and surroundings. But, most unfortunately, the abandonment of Inoculation was accompanied by the introduction of Vaccination, and the honest portion of the medical profession, and the people at large, erroneously attributed to the latter the credit which undoubtedly belonged to the former. Thus has the vile practice of blood-poisoning become an established and state-endowed medical heresy, perpetuated by the manufacture of unscrupulous statistics by highly-paid government officials, in the interests of a state protected trades-union at the expense of the ratepayers, and producing a frightful amount of suffering, disease, and death.

"The most effective way to uproot Vaccination, and all other medical shams, would be, as you suggest, to pay medical men, not for curing disease, but for preserving health.

"If the incomes of medical men were made to depend more upon the general health of the districts entrusted to their care, we should soon hear no more about Vaccination, except that it was a delusion and a snare, and that it was strange, passing strange, that the faculty could have been so infatuated as to practise it, or the people so deluded as to submit to the observance.

"I trust your work will have a wide circulation."—JOSH. PEARSON, *Estate Offices, Sheffield, December 2nd*, 1892.

"The collapse and abandonment of Vaccination, which is now imminent, will prove a serious blow to the medical profession. The pecuniary loss will be great, but the loss of prestige will be a much more serious matter. The evidences of this shaken confidence in medicine are visible on all hands, and MR. PICKERING'S book, as an adverse criticism of the current allopathic treatment of diseases, will do much to accentuate this mistrust. The author, though he often advances conclusions that many anti-vaccinators will hesitate to endorse, displays a thorough grasp of his subject, and arrays his facts with the skill of a veteran controversialist. Those who essay to reply to the grave indictment of current medical practice comprised in this book will undertake a task of no mean order, yet the challenge, so boldly made, can hardly pass unheeded without entailing consequences of the gravest character to the medical profession."—A. TROBRIDGE, F.C.S., F.S.S., *Langley Green, near Birmingham, November, 29th,* 1892.

"I return the sheets of your new work, not really having had time, in the few days allotted for that purpose, to go through it as I purposed doing; but I have read enough to see that it will be extremely useful to the cause.

"The Vaccination superstition is connected with the absurd notion that no disease ever arises spontaneously, and that it is always caused by taking into the system a particular microbe or bacillus which causes that disease. Then how did the first case of such febrile disease arise? How is it that medical men, many of whom are able and highly educated, seem almost to a man to be so confused and puzzle-headed on this subject? There is apparently no limit to the variety of the fever brood; they dovetail into each other with infinite complications, and yet each one of these infinite varieties is caused by its own special breed of bacillus, microbe, or coccus, which organisms existed in the world before man came into it, ready to pounce upon him as soon as he was created! Such is the theory now in fashion, and it will no doubt 'run its course.'

"I hope your book will go far to correct such essentially stupid notions, both on this and cognate questions."—HENRY STRICKLAND CONSTABLE, J.P., *Wassand, Hull, December 12th,* 1892.

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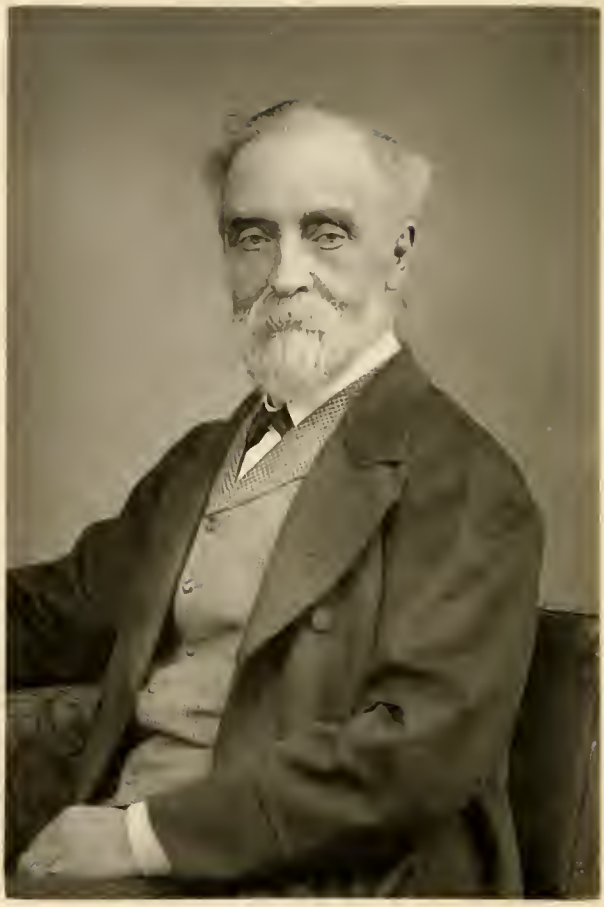

Yours truly,

E. Pickering.

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"Where there is much desire to learn, there will of necessity be much arguing, much writing, many opinions—for opinions in good men are but knowledge in the making."—*Milton.*

"He who only knows his own side of the case, knows little of that."—*Jno. Stuart Mill.*

"In all science error precedes the truth; and it is better that it should go first than last."—*Horace Walpole.*

"The course of philosophy is one great battle with mythology."—*Max Muller.*

"Other wars are towards death, but in this crusade the war is against death."—*Dr. Garth Wilkinson.*

"Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority. That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious."—*Dr. Creighton.*

London:

E. W. ALLEN, 4, AVE MARIA LANE, E.C.

1892.

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"The primary object to aim at is placing a healthy stock of men in conditions of air, water, warmth, food, dwelling, and work most favourable to their development. The vigour of their own life is the best security men have against the invasion of their organization by low corpuscular forms of life; for such the propagating matters of zymotic disease may be held to be."—Dr. FARR, *in Registrar-General's Report for* 1867, *p.* 119.

"The case against compulsory vaccination has never been so strongly put as by you, and unless answered by facts, and not by opinions, the question may be considered as decided. Every one who knows anything of public health questions will agree in your views as to the practical unity of epidemics, and their determining causes, and that exception from all alike must be sought not by any one thing, such as vaccination, but by enquiring into and removing the causes of epidemic susceptibility generally. The pamphlet is a very able one, and is in want of a complete answer. Who will do it?"—FLORENCE NIGHTINGALE, *in a Letter to the Author, dated London, March* 31, 1871.

"I am convinced that Vaccination is the greatest mistake and delusion in the science of medicine; a fanciful illusion in the mind of the discoverer; a phenomenal apparition devoid of scientific foundation, and wanting in all the conditions of scientific possibility."—DR. JOSEPH HERMANN, *Head Physician to the Imperial Hospital, Vienna, from* 1858 *to* 1864.

I want no proof that if I imbibe the *causes* of disease, I can only disguise the *result*,—I can never escape it,—by artificially infusing fresh disease. That I can thus escape or lessen it, is the monstrous doctrine to which our wise vaccinators commit themselves."—F. W. NEWMAN, *Emeritus Professor, Weston-super-Mare, April*, 1876.

"Diseases of the zymotic class are all preventable diseases, and it is found, in proportion as towns improve their drainage, obtain purer water, and better house the people, in that proportion does the mortality diminish. Thus the same causes which reduce the mortality arising from Small-pox, equally operate in decreasing the mortality of other diseases of the same order, and it is to these causes that the comparative absence of Small-pox is to be attributed, and to these only."—*Letter to the "Leeds Mercury," by the Author, dated*, 1871.

"Sound sanitary opinion agrees with your views, viz.:—That epidemic disease is to be *prevented* by agents or conditions which produce *health*; not, in any one epidemic disease case, by an agent or condition which produces (not health), but a *disease or a diseased action.*"—FLORENCE NIGHTINGALE, *in a Letter to the Author, dated London, May*, 1876.

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ERRATA.

PAGE.

2.—11th line from top, *for* "exception," *read* "exemption."
9.—18th line from bottom, *for* "pebliscite," *read* "plebiscite."
21.—15th „ top, *for* "its," *read* "their."
43.—Top line, *for* "statistics of death-rate," *read* "mortality statistics."
43.— 4th line from top, *for* "death-rates," *read* "deaths."
44.—Top line, *for* "death-rates of," *read* "deaths from."
58.—12th line from bottom, *for* "death-rate," *read* "mortality."
59.— 5th „ „ *for* "sanatarian," *read* "sanatorian."
67.— 2nd „ top *for* "in," *read* "with."
103.— 8th „ „ *for* "eaiest," *read* "easiest."
106.— 8th „ „ *for* "unsanitary," *read* "unsanatory."
112.— 3rd „ bottom, *delete the words* "despumation, or, as it is generally termed."
137.— 7th „ „ *for* "death-rate," *read* "mortality."
190.—14th „ „ *for* "disappearance," *read* "infrequency."
191.— 3rd „ top, *for* "has its," *read* "have their."
192.— 6th „ „ *for* "small," *read* "mention."
198.— 3rd „ „ *instead of* "in 1666," *read* "dating from 1666."
210.— 8th „ bottom, *for* "functions," *read* "viscera."
221.—16th „ „ *for* "sanitatary," *read* "sanitary"
(This error does not occur in all copies.)
271.— 5th line from bottom, *for* "the treatment," *read* "the Allopathic treatment."
297.—10th „ „ *delete the word* "him."

PREFACE.

This Book is unsatisfactory to me. It has been written at intervals. It is fragmentary. It lacks that connectedness which a work written straight off, with the whole gist of the facts fixed upon the mind, always manifests. The reader must accept the book with all its faults. Book-making is not my *forte*. Still I have a message and I have delivered it faithfully and fearlessly. I have nothing to gain, little to lose, but much to know. I commend my thoughts to you, gentle reader, rich or poor, learned or unlearned, in the hope that they will bear fruit. If you abhor vaccination as I do, there is work for you in God's sanitary vineyard.[1] Rest not, I pray you, till the last rag

[1] My attention was first directed to Vaccination by hearing the details of a mishap in my own family circle. The grandfather of my first wife was a surgeon practising in a town in the East Riding of Yorkshire. About the year 1808 there was some stir amongst the members of the profession as to the duty of vaccinating their own children, I suppose by way of showing their confidence in the operation. Now the surgeon's wife,—a woman remarkable for her strong common sense,—exhibited considerable reluctance to her own children being dragged at the chariot wheels of this new invader. At length her husband said, "Well, it matters this much to me: if vaccination is not performed in my own family, I am so teazed about it that I must give up my profession, and seek for some other means of gaining a livelihood." This was an argument the wife was not able to resist; her consent was withheld no longer.

The next question was where to find a healthy child from whom to gather a small harvest of Jenner's "pure lymph." A medical neighbour interested himself in this behalf, and in a few days the opportunity occurred to him, when a young woman, resident in Barnsley, came home with her child, three months old, to visit her parents, and was advised to have vaccination performed by the physician who had attended their own family for many years, and she applied to him accordingly. The child was apparently strong and healthy; vaccination was perpetrated; virus was stored from this vaccinifer; and the two children, ranging from one to three years old, members of the surgeon's family firstly referred to, were vaccinated in due course with the lymph thus acquired.

There was no taint of hereditary disease in the surgeon's family; his progenitors had been farmers in that part of Yorkshire for two centuries or more; and the wife's family came from a healthy stock.

of this unclean rite is discovered and cast out! If you deprecate drugs, and all their attachments, as I do, you will avoid medicine and the medicinist, until a better and a wiser teaching accompanies his practice, and guarantees safer results by the adoption of simpler remedies. If your experience of sanatory[1] appliances in sickness agrees with mine, you will henceforth give shape to your views, and follow

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Within twelve months after vaccination the two children sickened; the ruddy cheeks became pale; and the whole constitution showed symptoms of some unaccountable yet disastrous change. By a sort of instinct peculiar to woman, the wife insisted that her husband should go to Barnsley to enquire into the antecedents of the parents from whose child the lymph had been abstracted. He went, when, to his dismay, he found that both parents were the offspring of families subject to hereditary consumption.

The cloud of dejection and regret was never lifted from the future careers of either husband or wife; and the two children, a boy and a girl, knew not what health was in their after lives. The two grew up tall and handsome; both married in due time, but the sister only had a family; she had three boys and a girl.

To cut a long story short, the parents died of consumption before they reached 46 years of age; and of the second generation two of the three boys and the sister died of consumption before they attained their 26th year; the other boy, by emigrating to a warmer climate (Springfield, La., U.S.), added ten more years to a weary and painful existence;—he died of consumption, at 35 years of age.

The sister above mentioned became my wife; we were first cousins; she left two daughters; one died of consumption, in her 26th year; the other still lives, but she has never known what "life" is; she has been more trouble in her rearing than all the eight children by my second wife "put together."

Thus the members of a whole family have been hunted out of existence by one unfortunate vaccination. How many similar instances there have been in the same period unrecorded, no one will ever know. Some estimate may be formed when I say that, in my journeyings to and fro in the world, I have never met with an individual whose experience did not run on parallel lines with my own; he or she had to recount cases of misadventure in his or her family, or in the family of a friend or neighbour. No exception to this rule has presented itself during an advocacy extending over the third part of a century—a remarkable fact; I give it for what it is worth.

If the people of England knew the full meaning of "Vaccination," of the misery and death, for 92 years last past, of which it has been the sole exciting cause, and if they could but follow the history of each event, with its far-reaching consequences, through three generations of people, not a vaccination station would be standing in England to-morrow night; nor is there a vaccinator who would ever be permitted to refer to the subject in any educated family to the end of his days.

[1] The terms "Sanitation," "Sanitary," "Sanitive," refer to measures adopted by Municipal Authorities, or by individual members of the community, to *prevent* disease; whilst the terms "Sanatory," "Sanative," "Sanativeness," "Sanatorium" refer to means which are *remedial* in their scope.

It will be useful, therefore, to the reader to keep the meanings of the different terms continually in mind. Furthermore, it will be an aid to him hereafter in consulting works on the cognate questions of "Sanitary Science," and "Sanatory Science."

I must not forget that this work is written for the general public, not the scientist, and I hope it will be introductory, leading to further studies in the field of inquiry under investigation.

Nature's laws more trustingly, more lovingly. Do not shirk responsibility. Nature is omnipotent—trust her. See that no blame lies at your door. As the reproaches of conscience follow the commission of some sin against the moral law, so the manifestation of disease in the body establishes the relation of cause and effect—there has been neglect, indulgence, or disobedience somewhere. Trace it out. Put your finger on the plague-spot. Be careful in your mode of life, your surroundings: be temperate, virtuous, and obedient. In such case you may snap your fingers at infection,[1] and you will bear a charmed life when encompassed by epidemic or endemic influences.

I would say a word to you on the following texts, viz:[2]

"And the Lord spake unto Moses, saying, Speak unto all the congregation of the children of Israel, and say unto them, Ye shall be holy; for I the Lord your God am holy."

"Ye shall not make any cuttings in your flesh for the dead, *nor print any marks upon you:* I am the Lord."

What marks are these upon the arms of your children? They are the superstitious marks of that worse than Pagan—Edward Jenner.[3] Jenner was a Pagan in thought and action in non-Pagan times. His assumptions were destitute of scientific basis, his facts fictions, his deductions illusory, and his system a fraud.

Reader of these lines, I beseech you do not dishonour the God that gave you that child by allowing a medical Hobnail to print any

---

[1] The terms "Infection" and "Contagion" throughout this work are used interchangeably, as meaning the same thing. There are diverse opinions on the subject, but the weight of evidence favours my contention. Notwithstanding the fact that there may be two ways of producing infectious matter—one natural and the other artificial—one as the natural product of unsanitary conditions, and the other the artificial product of a fever, after the crisis, or, in other words, when the fever has "run its course"—still the substance is one and the same in its characteristics.

[2] Leviticus, chap 19, verses 1, 2, and 28.

[3] Hunter said to him, "Be sure of your facts." The "facts" he neglected and despised, in 1798, are the facts which have confounded him and his disciples in 1890. "Facts" are awkward things when they array themselves against us. Yes, they can be terribly vindictive when least expected.

There is no proof extant that Jenner ever mentioned his vaccination theory to Hunter. Hunter was the best qualified to break in pieces this idol with a look, a word, or a gesture. Jenner never put him to the test, else we had heard little of it in subsequent years.

"Be sure of your facts," if uttered by Hunter to Jenner, was a general remark. But Jenner, or his Biographer, adroitly turned it on to the vaccination question, so as to give a sort of countenance to the crazy practice in hand.

marks upon its flesh. That human body is God's temple. See you to it, that the marks of no false deity defile it. You may as well revive an old custom, and pass your child through the fire to Moloch! Was this latter significant of heathendom? Yea, verily; and so is Jennerism. Vaccination belongs to that set of ideas which once suggested the cutting of the flesh to propitiate the gods of Edom on behalf of the dead. Charms, amulets, cuttings of the flesh, the poisoned lancet, and drug specifics, have no place in nature. They are man's impotent devices to contravene or subvert the reign of law and order in his own body, and in the bodies of his kindred in the universe around him.

I have no heart now to fight the pro-vaccinator with decimals and per centages. I have endured that for long enough—a weary task it has been. But it has served its purpose. I take higher ground to day. I appeal from statistics to the common sense of the nation, and from figures to facts which are well known to the people.

That I have here drawn up an indictment against the drug treatment, the doctors have themselves to blame. I argued with myself, that, if the physician could believe in an absurdity like vaccination, there was no other theory within his practice which, when patiently examined, might not turn out to be equally as futile and as mischievous. I leave the reader to judge whether I prove my case or not.

I should never have written another treatise on the Vaccination question, if it had not been for the fact that I saw, from the constitution of the Royal Commission on Vaccination, and from the nature of the evidence already given, that the medical officers connected with the Local Government Board had determined, at all risks, to rivet the chains of Vaccination round the necks of the people for another twenty years or more. To avert a catastrophe of this description, I have once more entered into the controversy, but I shall take a totally different course to any adopted hitherto. I can see this clearly enough, if I continue the bare statistical argument, the ingenuity of the Medical Officers is such, that, as soon as they are driven forth from one statistic, they hide beneath another as false as the last; and this may go on till "the crack of doom."

The only course which promises a speedier issue is to treat the vaccination craze—as it stands at this moment—as a discovered

imposture. If medical men are so blind to their own interests as to contend with the people and play the tyrant, it will be perceived that their hand is against every man and every man's hand must be against them. It shall be from this day a warfare carried on by a medical clique in arms against the people, and in opposition to the will of the nation as expressed in large public meetings, to a literature which, it is admitted on all sides, has been able, intelligent, and successful, and to an agitation exhibiting marked elements of expansion and permanence.

There is but one consideration with regard to vaccination now before the country, and the point may be put thus—Is the whole nation to submit to a wicked, senseless and useless observance, with no other reason for it in the wide world than this, viz., that the medical men may go on drawing their salaries and their fees for performing vaccination, which said vaccination offers no protection against a small-pox epidemic nor the smallest mitigation of an attack of small-pox; but it yields a regular crop of syphilis, bronchitis, diarrhœa, convulsions, hydrocephalus, scrofula, erysipelas, phthisis, and their companion diseases. This is the true estimate of vaccination. It is the veriest nonsense to talk of vaccination as a protection against small-pox, or that it modifies an attack of this disorder. The only protection is in widespread sanitation: and it is sanitation alone, *in spite of vaccination*, which has dispelled the small-pox and other epidemics which, in the middle ages, were the terror of Europe. And I shall hope to show that the only treatment which can mitigate an attack of small-pox consists in the use of sanatory remedies.

Vaccination, from its first inception, as in every successive stage, has been promulgated and upheld by an interested Physic-ocracy. Vaccination, like inoculation, has been a bloody vendetta of over ninety years' duration; it is a "Serbonian bog" of corruption, "where armies whole have sunk," and armies whole are sinking still.

Vaccination with the Faculty is purely a money question. I shall drive this nail home at every point; it is the bone and sinew of the practice. Every argument employed, every statistic requisitioned, finds its inspiration in the money value of the observance. There is no craze so absurd that it could not be legalised with the aid of similar endowments, pains, and penalties.

If the Faculty deny the charge I make, then I challenge them to surrender the public monies and grants they receive, and to let vaccination stand or fall on its own merits. They know too well the truth of what I allege. If vaccination were left to fight its own way in the world it would die of "atrophy and debility" within a twelvemonth—and medical men known it—hence it is not very likely they will trust their craft to the perils of an open sea.

Some may argue, "Why did you not give evidence before the Royal Commission?" My reply is, "I object to give evidence before any authority which sits with closed doors, and excludes the press." It is not from any want of respect for the noble President, or the honourable gentlemen who sit upon that Commission.

It may be said, "Your book is one big prospectus for a new Sanatorium in which you take a leading part." I answer, "As soon as I see an authoritative determination to include efficient sanatory remedies in medical practice, my work is done. I have nothing more to say."

In many portions of this work I have referred to the effects of cold water and hot air upon the body; such references are only to the effects, and not to the occult processes producing those effects. If the skin were submitted to 300° of heat, or 36° of cold, the temperature of the blood would remain the same, 98°. This temperature could not be raised or lowered appreciably without fatal consequences.

In referring to Infection, and in using such terms as germ or spore, microbe, or other organism, etc., I do not wish to be understood as committing myself, in the present unsatisfactory state of our knowledge, to any particular theory. The germ theory offers the best solution.

The drug treatment is a conspicuous failure. For the fever it is worse than a failure. My answer to vaccination is—cure the Small-pox. Small-pox, and other fevers, are easily cured under sanatory treatment, without producing infection or complication. A healthy man need not fear infection.

Nothing need be said here with reference to the history of vaccination. That side of the question has been exhausted by my friend the late Mr. Wm. White in his "Story of a Great Delusion," by Dr. Creighton in his recent work entitled "Jenner and Vaccination," and by Profr. Crookshank, in the last contribution to Anti-Vaccination literature in his 2 vols, "The History and Pathology of Vaccina-

tion." I recommend the reader to add these books to his library, and to those who cannot buy them there is yet the local, or public library which ought certainly to possess copies for circulation.

The anti-vaccinists have, within the last few years, taken a bold yet sensible step. They have asked the members of the Branch Leagues to institute a canvass in towns, villages, and wards of cities, in order to ascertain how far the masses are opposed to compulsory vaccination. Now, the result is exactly what has been predicted. Eighteen years back I said, and I am only one of the prophets, that 80 per cent. of the people would vote against the rite, if they were asked their honest opinion.[1] The plebiscite confirms that view. To carry blood-poisoning among the children of the poor—where nearly every unhealthy and predisposing condition, in different degrees, suitable to the development of fever in its multiform phases, is present, is the height of human folly, and the consequences could not fail to be disastrous. That medical men who, of all men, ought to protect the public from a practice so glaring and so fatal, should be the voluntary agents in carrying out the enforcement of the rite, is a contradiction irreconcileable only on one hypothesis, viz., that their pecuniary interests are so deeply involved in it. There is no other possible answer. The next pebliscite will embrace two other questions:—First, Have you any confidence in physic? Second, If medical men can practise vaccination, is it not fair to presume that the drug-remedy which they recommend is irrational, unsafe, and contrary to the laws of Nature; and will it not be wiser to abandon physic and adopt a simple, effective, and inexpensive sanatory treatment?

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[1] Although the voting papers only asked the householders' views as to the principle of compulsion, yet we claim nearly the whole of these votes against vaccination *per se*. Compulsion is principally adopted by Members of Parliament, Guardians, and others, who have a point to gain. Non-compulsion is a kind of half-way-house, a compromise to conciliate voters who are far in advance of their better educated neighbours.

Again, we are at present—that is before the Royal Commission,—going in to abrogate the compulsory laws, so the *plebiscité* was carried out to assist that object only. The people said, "Why ask us to express our views on compulsion? it is the thing itself we hate." It required pressure and argument to induce others to accept the lower standard even for a temporary purpose.

INTRODUCTION.

The history of modern times has furnished us with singular illustrations of that remarkable prescience exhibited by men who, thoughout a long series of years, have devoted themselves to one particular line of thought and action.

In the year 1856, Sherard Osborne published his book on the discovery of the North-West Passage by Captain McClure, of the *Investigator*, during the years 1850—4, and he mentions therein a striking incident in the life of the late Sir John Barrow, F.R.S. He says, "In October, 1817, Sir John Barrow published a small diagram to illustrate an article of his upon the existence of the North-West Passage, which is now before us, and although he was only then in possession of the information which we have said England possessed at the end of the eighteenth century, yet guided by a clear judgment, and a thorough knowledge of the subject, he filled up the deficient coast in so correct a line that the charts of to-day, upon the same scale, vary little from his."

During Barrow's lifetime Parry demonstrated the exactness of one half of this prophetic chart, and after his death, Franklin and McClure proved the other half to be equally correct in its essential features.

Again, in Jeaffreson's Life of Robert Stephenson, published in 1864, it is said of the celebrated engineer, that in February, 1830, in his "Observations on the Comparative Merits of Locomotive and Fixed Engines," he predicted, that "On a level railway a locomotive engine, weighing 4 to 5 tons, will convey 20 tons of goods, exclusive of carriages, at the rate of 12 miles an hour." On September 15th, in the same year, the opening day of the Liverpool and Manchester

line, the train which carried the mutilated body of poor Mr. Huskisson, to his residence at Eccles, travelled at the rate of 36 miles an hour.

Stephenson knew that steam was a mighty power, and if he had communicated his real ideas with regard to it, instead of the above moderate estimate, he would have been deemed an enthusiast unworthy of patronage. His prediction, however, received its fulfilment the first day the engine was put to the test. The engineer slept peacefully and proudly that night.

Now when Sir John Barrow drafted his chart he might have been asked, "What precedent have you for so strange a prediction?" "What do I want with precedents?" he might reply, "I am my own precedent. A long course of study enables me to form opinions which other men never dream of, and there I leave them until some future expedition shall prove or disprove their accuracy." It was similar prevision with reference to the power of steam as a motor which inspired Stephenson when he foretold the capacity of the railway engine to accomplish the ends he had in view. If Stephenson had been asked for a precedent I can imagine his answer, "Do not bother me about precedents. Genius is its own precedent. I am dealing with matters which have occupied my attention for years, day and night, and do you think I can misread my convictions?" Sleep itself has revelations for men of his order.

The twelve propositions at the end of the next section contain the views for which I claim some small prescience, considering that they were written as far back as 1872. I may not live to see the day, but each one of them will receive verification during the coming years.

MY FITNESS AS AN EXPERT IN SANITARY SCIENCE.

I do not for a moment place myself on a level with Barrow and Stephenson. There is no need for that; but I do claim something of this peculiar prescience—the same in kind, though not in degree—with regard to the many-sided vaccination question. For thirty-seven years it has been my constant study, seldom absent from my mind, excepting during business hours. I have had unusual facilities and fitness for the work. In early life I spent six years in a solicitor's office. My education there has taught me carefulness in examining evidence, strict impartiality in recording facts, and moderation in

speech and in writing. A family quarrel drove me from the law and from Yorkshire. I came to London, and passed four years in the Goods Department of the Great Western Railway Company, at Paddington. This work grew distasteful. The monotony of it became unbearable. I gave it up, and decided to devote myself to study medicine. I joined myself to a firm of surgeons of good standing in the South of England, under agreement for five years, and began work in real earnest. The dissimulation of the profession, and the thorough deceptiveness of the drug treatment convinced me, after the first twelvemonth's work, that I must after all seek for a more congenial atmosphere in the teachings of the Hydropathic body. I stayed several months with the late Dr. Edward Johnson,[1] of Malvern. After that for nearly eighteen months, I read with a son of his who conducted a hydropathic establishment at Brighton. It was here in 1853, I became acquainted with the late Mr. John Gibbs's writings, and joined him in opposing the Vaccination Act of that year. Mr. Gibbs was a personal friend of Dr. Johnson. I was intimate with Mr. Badcock, the chemist, of Brighton, who for several years supplied the Vaccination Officers of that town, and of many other towns in England, with lymph which he obtained by inoculating cows with the virus direct from small-pox patients. A large portion of the stock of virus then in use, and from which our present supplies have come down to us, were obtained chiefly from Mr. Badcock, and by him in the way I have suggested. After leaving the South I spent nearly two years at Aylesbury, in Buckinghamshire, where I made the acquaintance of Mr. Ceeley, surgeon, who obtained some considerable notoriety in the profession by his contributions in support of the cow-pox craze. I believe his lymph was obtained by the same method as the one employed by the Brighton chemist. It has been a mistake throughout this controversy, on the part of medical men and historians, in assuming that there ever was such a disease as cow-pox, independently

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[1] I have met with many Diagnosists, but Dr. Johnson was head and shoulders taller than all of them. He seemed to read a patient through at a glance. His work, "Domestic Practice of Hydropathy," should be in every household.

Whilst I would not take upon myself, in these pages, to give directions as to treatment, I have no hesitation in recommending Dr. Johnson's Book as the best on the subject. In Hydropathy a trifling experience soon makes a man his own Physician. Just so it is with the Turkish Bath. After a few baths a man consults,—his own feelings and judgment,—and seldom errs.

of small-pox inoculation—inoculation intentional or accidental. Dr. Creighton has not escaped the same error; but he will live to correct it. Domestic matters of a private nature induced me to seek and accept the secretaryship of a public institution at Leeds, in my home county,—I held that appointment nearly five years. In 1863 I commenced business on my own account, and resided in Leeds up to 1885, since which period I have lived in London.

It was in these 22 years that I filled the offices of Councillor and Guardian for the Borough of Leeds, three years in the Council and three years on the Board of Guardians. I served on the Sanitary Committee of the Corporation, and on the Relief and Workhouse Committees of the Guardians' Board. For 13 years I was Director of the Bath Company, and practically the Manager. I have written two Pamphlets, and I have lectured on the subject of Vaccination and Sanitation in many of the largest towns in England. For 15 months I edited the Journal of the Anti-Vaccination League, in the years 1872-3. My first Lectures were delivered in Keighley, Leicester, Banbury and Leeds, and these four towns for many years took the lead in the agitation. When the seven Keighley Guardians were sent to York Castle, because of their noble refusal to carry out the mandate of the Local Government Board in 1876, I was their adviser. I visited them regularly during their incarceration, and it was mainly in consequence of my representations to the Governor of the Castle that their confinement was rendered as agreeable as circumstances allowed. I was summoned many times for the non-vaccination of some of my children, but after four or five years of persecution the Guardians found they were being worsted in the conflict, and they left me alone.

My best educator, and wherein I learnt the most both of Vaccination and Sanitation was in the Small-pox Epidemic of 1871-2. From the commencement to its termination, I was a constant visitor amongst the people in their homes, some were treated hydropathically, and others were advised to apply the same remedy; I enquired into the hospital treatment and sifted to the bottom the preposterous theories advanced by the faculty with respect to infection and contagion.

For thirty-seven years I have studied the history of Pestilences their appearance, introduction, dissemination, and decline. I have

noticed that Epidemics vary with age, sex, seasons, weather, climatic and the numerous domestic, social and hygienic circumstances by which the health of communities is influenced, and which are in constant states of development and change. I have watched the phenomena attending vaccination, the maladies it has left behind, their course, character and termination. I can truly say that all my spare time has been patiently devoted to these studies.

During the sitting of the Commission of 1871, my friends submitted my name for examination by the Committee. It was struck out. I sent a Petition requesting that I might be allowed to give evidence, a Petition signed by Magistrates, Aldermen, Councillors, Clergymen, and some leading Townsmen; but it was disregarded. Anticipating similar treatment before this Commission of 1889, I am giving my evidence before it arrives at the report stage, as it may suggest some leading questions, and direct the enquiry into some new fields of investigation.

In all this Anti-Vaccination agitation I have only had one object prominently before me, and that is truth. I have not been inspired by a mere love of notoriety, as some have asserted, nor by a desire for worldly gain, as others hinted. What I urge on my own behalf, that I have been free from vain and sordid motives, I claim for all my co-workers, *viz.*, that in all their works, their sacrifices, pains, and imprisonments, they have been true to mankind and faithful to the dictates of conscience. Men do not devote a whole lifetime to a technical and abstruse subject of this description, unless they are acting from the highest of all human incentives,—an abiding sense of duty. In displacing vaccination I have sought to enforce Sanitation. In withdrawing confidence in the brutalities of Jennerism I have uniformly magnified the importance of Sanitary Science.

I have deemed it right to give somewhat of my personal history in the hope that the reader will be satisfied he is not wasting his time, or considering the ill-digested experiences of a man who is an inapt enquirer, but that he is studying the experiences of a thinker and observer of facts, and that his record is true.

I have no personal pique to avenge. If I attack the Medical man and his drugs, it is the aphorism "measures, not men" that guides my pen. If I mention any particular individual, it is that I take him

as the type of his order, his treatment as an illustration of the best of its kind, and his teaching as a fair specimen of what we may expect in all ranks of the profession.

If the reader should be tempted to think that too great use has been made of the personal pronoun, let him reflect that in these five pages, I have condensed the history of an active life—a life which has now passed the rubicon of three score years; and in reviewing the past it seems to me that every portion of it was necessary to fit me for the part I have taken in the agitation now approaching its close.

In 1872 I published the following propositions, and I would conclude these observations by saying that I adhere to them all to-day. I have more to add to them, but I have nothing to withdraw.

1. **That the mortality from Small-pox since 1798 has diminished in consequence of the discontinuance of inoculation, and further, by the carrying out of great and important sanitary reforms throughout the country, and that it is not attributable to vaccination.**

2. **That the companion diseases of small pox during the middle ages were the black-death, the sweating-sickness, and the plague; that these last-named diseases have disappeared before the spread of sanitary science, and without any corresponding rite to inoculation or vaccination; and that the small-pox would have disappeared ages ago if it had not been continued amongst us by artificial means, such as those involved in inoculation and vaccination. All being diseases of the same type, and having their origin in the same causes, equally share in the improved sanitary conditions of the country, and synchronously disappear, or ought to do, when the causes that brought them into existence have been abated or removed.**

3. **That just as small-pox was increased and propagated by inoculation, so that disease is multipled and intensified in the present day by vaccination: forasmuch as in both rites the actual germs of small-pox (the base of the virus) are communicated directly to the blood, "which is the life."**

4. **That blood inoculation, either as a preventive or a modifying agent of any disease, is false in principle and pernicious in practice. Inoculation for scrofula, syphilis, and measles, have all been tried, and abandoned on the fullest proof that the inoculated disease was worse than the natural disease, and that the inoculation neither prevented nor modified a second attack. The teaching of the Faculty on this point is a fallacy of the worst type.**

5. That vaccination is a folly and a crime; that it is not a prophylactic against small-pox, but on the contrary produces its like (*i.e.* small-pox); and in addition to this, it is a fearful engine of destruction and death, by communicating, along with the vaccine virus, other diseases all equally lethal, and which are yearly on the increase. The small-pox of to-day is the plague of vaccination.

6. That, admitting the annual saving in small-pox deaths as compared with the mortality of the last century (which was occasioned principally by inoculation), yet other diseases of the same type have so increased—some of which are traceable to vaccination—that the high death-rate from zymotic diseases, instead of diminishing, is actually increasing upon the average of former years; so that instead of a saving there is not only a displacement, but a steady increase in the death-rate of the nation.

7. The death-rate of the nation follows the vaccination-rate and the pay-rate! Without vaccination the small-pox would disappear altogether in a few years; the death-rate would decrease, and there would be an annual saving of 50,000 or 80,000 lives per annum; and the healthy conditions of infant—and consequently adult—life would be benefited in a marvellous and prodigious degree.

8. That other diseases, such as scrofula, syphilis, scabies, mania, leprosy, &c. (in fact, all blood diseases), are communicable by vaccination; and are propagated to a very considerable extent by that abominable and monstrous practice.

9. That all decayed animal matter is poison. That vaccine virus is matter which has lived, is dead, and when invaccinated is in a state of putrefaction; and, therefore, a poison.

10. That Jenner's teaching is—that the vaccine virus is obtained from a disease in the horse called "the grease." Whether that is the source or not, or whether it comes from a disease in the cow, or from the human subject in small-pox, it is equally objectionable. The virus is putrid animal matter; and he who inoculates the blood of a living healthy organism therewith, and on whatever pretence, is a self-deceiver, an impostor, or a knave!

11. That the quarrel between us and the Vaccinators must be continued to the bitter end; and that our recompense will hereafter appear in the fact—that we have placed it beyond the power of the Legislature or the profession to enforce or continue an observance like vaccination, which is opposed to all our instincts, as it is opposed to the dictates of

common sense, and of the simplest principles of the laws of nature:—"Who can bring a clean thing out of an unclean?"

12. That exemption from epidemics of small-pox, cholera, and other diseases of the zymotic class is not to be found in vaccination, or any practice so barbarous and absurd; but in the enforcement and extension of wise sanitary regulations, such as better habitations for the people, pure water, good food, defœcation of sewage, perfect drainage, and in inculcating amongst all classes of the community habits of personal and domestic cleanliness.

SANITATION,

AND SANATORY REMEDIES,

OR,

VACCINATION

AND THE DRUG TREATMENT.

REVIEW OF THE CONTROVERSY AS IT STANDS AT PRESENT.

At the time I am writing there is a widespread feeling of insecurity and doubt, almost amounting to dread, and in individual instances of consternation, upon many of those points where Medical Men have to be resorted to, whether in their professional capacities, or their official duties.

Some relief has been felt in this that the contemporary and rival systems to Allopathy, viz.: Hydropathy, Herbalopathy, and Homœopathy have now an important following, and their teachings have influenced large numbers of people, to the disadvantage and discomfiture of the old practice.

Allopathy, it may be fairly and frankly stated, has been, for some years past, upon its trial, and the strain has been severe; but, with the thinking part of the population, the evidence and the decision have gone dead against it.[1] There will be no reversal of that verdict. It is final.

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[1] In November of last year I called upon a leading Bookseller in the West End. During our conversation on the Vaccination question, he broke off into the re-

In England, as in America, Hydropathy, Herbalopathy, and Homœopathy are forcing their way to the front with accelerated movement.

In Germany, the nature doctors are meeting the needs of the people with a safer remedy in sickness—safer in that it abandons physic—and trusts to what may be appropriately called Sanatory treatment, *i.e.*, Diet, Air, Water, and Exercise. This is at once its secret, its strength, its defence. There will be few mourners, when the time comes, to attend the obsequies of medicine.

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mark, "I say, just tell me what you think about Medicine : upon my word, the older I get, the less faith I have in it. My dislike of Physic and all its belongings, seems as though it were approaching a crisis, and where it will land me I don't know. What is your opinion of it?" I said, "Multiply your convictions by the figure 3, and the product will express my ideas with regard to Physic." He continued by saying, "Well, I differ with your views on Vaccination ; perhaps it is because I don't understand the real merits of the case ; but we appear 'on physic' to be sailing in the same boat." I concluded thus : "If I had you to myself for half an hour you would sign the roll of the Anti-Vaccinationists." "Perhaps so," he replied. Nevertheless, we did not have the half hour.

During the afternoon of the same day I called upon a second gentleman connected with another branch of the same business, having his works in a street leading out of the Strand. I wanted an estimate for some work. I had not seen him before. The Bookseller above referred to gave me a note of introduction to him.

We discussed the A.V. Question for some little time when he said, "I grow less and less a believer in physic. My only son, a lad of 17 has been ill from Bronchitis for six weeks, and the doctor said to me this morning that he feared it would end in an attack of Diphtheria. It occurs to me there is something wrong with Medicine when a healthy athletic can't be cured of Bronchitis within six weeks, and then to be told that Diphtheria may supervene. It looks to me like a money-getting proceeding. I cannot rid myself of that idea. What do you say?" I said, "If you had taken your son to the Turkish Baths and had given him a bath of forty minutes twice a day for three days, he would have been sound and well on the fourth day."

"I believe you," my friend answered, "and if my wife will consent I will bring him up to Town to-morrow, and treat him in that way."

I saw my new acquaintance a day or two afterwards, and he said, "My wife wouldn't consent, and the lad is going from bad to worse." How it ended I do not know.

I mention these incidents to show how the prejudice against Physic is spreading in all classes,—the disease will be Epidemic before very long. My best wishes accompany it.

The first symptoms of a general strike against Physic began with the lower classes, then it seized the upper classes, and now the middle classes are yielding to its influence, the action on the middle classes is from the upper section downwards, and from the lower section upwards. The middle classes are exposed to this double action, and their conversion will be marked by a corresponding velocity.

I note how matters are tending, the portents of a coming storm are visible ; but the members of the Allopathic body will not see it. The moral of Belshazzar's Feast, in the scramble for money, is forgotten.

The Battle of the 'Opathies.

I observe before me four different remedial systems, employed by four distinct schools, viz. :—Hydropathy, Herbalopathy, Homœopathy, and Allopathy. I have, for the nonce, put them into the reverse order in which the public mind is accustomed to see them. Having regard to their curative and sanatory powers, qualifications, and allurements, they stand here in their proper positions. The "first shall be last, and the last first."

Hydropathy trusts solely to sanatory remedies, plain diet, pure water, fresh air, and invigorating baths. Its cures are speedy, effective, and permanent, and its physicians do not resort to drugs or other medicaments, and its patients are soon able to undertake the management of disease. The cost is merely nominal. Hydropathic institutions are spreading in all lands, but the difficulty presents itself as to bringing its agencies to bear upon the masses of the people. This can only be done by appealing to the public for subscriptions in order to erect district sanatoriums. Hydropathy is a science capable of covering the whole field of the healing art. Herbalopathy and Homœopathy are rendering obeisance to the deity at whose shrine all men will one day worship. The Hydropathic physician is the nature doctor of the future. He has one fault, he has lately fallen into the practice of attaching Homœopathy to his own practice,—here and there one,—and, as a leading member of that school one day observed to me, "It is done to meet the prejudices of the Saxon, who will not believe he can be cured unless he swallows something."

Herbalopathy[1] comes next in rotation as a sanatory remedy. As a

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[1] I put in a strong claim here that Herbalopathy shall be henceforward regarded as an integral part of the national body of medical practitioners. Allopathy used to represent itself as the poor man's friend. It has now lost that title : herbalopathy has displaced it. Besides which a very large section of the labouring classes, who used to go to the druggist when they could not pay the orthodox physician, now throng the shops of the herbalists, and, it is notorious, they find a better and a cheaper cure. Medicine which has no word of rebuke to the patent Medicine Vender, who, in the wholesale distribution of poisons, is the greatest sinner of the three, seldom speaks a kindly word to the herbalist, and if it can find a flaw in herbal practice will punish the recusant to the last lash of the law. Herbalopathy is a growing and innocuous system when compared with the drug treatment, and I appeal to the intelligence of the nation to protect it against the jealousy of the drug usurer.

system it combines the simple herbs with the sanatory appliances of Hydropathy, and in the important sphere of its operations the treatment is capable, self reliant and inexpensive. The herbalist is in general *a physician born, not made*, that is to say, he has a natural gift for the healing art; he may be rough in speech and unlettered, but he understands his business; he dare not lose a case if he can possibly help it, and a corresponding success accompanies his efforts. His daily bread depends upon his ability to cure.

England could ill afford to sacrifice this useful body of men at the altar of allopathic pedantry. I shall have more to say of Herbalism hereafter.

Homœopathy may be described in general terms as Allopathy reduced to the minimum of harmlessness by utilising the infinitesimal dose. Its cures, far in advance of those of its rival, are safer and more satisfactory, because Nature is left to accomplish her own deliverance. The patient, submitting to the hygienic dietary, the healthy surroundings, and the quiet nursing, has nothing to do but to be quiet and get better. He has no concentrated poison to delay the cure, or to nauseate the stomach. A cursory view of the patients of the two schools, in Hospital, is an argument that would convince the most sceptical as to which is the better remedy of the two. The scope of homœopathic teaching and practice have struck their roots into circles where the accidents of birth, rank, wealth, and power, have made their home. Homœopathy is an institution; it has nothing to fear from Allopathic jealousies or the petty annoyances from the heads of Colleges, or the taunts of frivolous disputants,—these are chickens that will come home to roost. The homœopathist, by a somewhat recent departure, is allying himself with the remedial expedients of the water cure, and he is wise in doing so; it will be the easier for him to glide altogether into Hydropathy, when the need for it shall appear. To have two strings to one's bow is no short-sighted policy.

The doctrine of the homœopaths, that like cures like, receives from them a wrong interpretation. They illustrate the principle thus: —That drug which will produce in a healthy man a disease similar to that existing in another person who is out of health, is the best curative agent to employ to restore the patient. My definition of like cures like would be this: that dict and mode of life which gives

vigour and strength to a man in health is the best remedy to employ when he is ill to make him better. This upholds my pharmacopœia in which the nomenclature of medicines is reduced to the lowest quantities—good food, fresh air, and pure water. Being in the surgery of a homœopath a few months ago, the wholesale chemist had just sent in a fresh supply of globules, and I was curious to look at the bottles, some were small, very small, simply half-ounce bottles, well-filled, but one towered above the rest, and, like Aaron's rod, was capacious enough to have swallowed up all the others, bottles and corks included, and to my gratification it was labelled "unmedicated globules," that is, globules consisting of flour, sugar, and a little liquid gum mixed together—or, if not that, something quite as harmless. This was an unexpected confirmation of my view of the axiom, *similia similibus curantur*, for nature with such physic is left to work her own cure and in her own way. Since the above trying incident my faith in Homœopathy has been transcendent. The homœopathist has evidently great confidence in the powers of nature to throw off and to resist disease, if left to herself, and he is right. The globule is the hippocratic "*jusjurandum*" in another form. Diet and sanatory regulations are the groundwork of the success of Homœopathy.[1]

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[1] In May of the year 1890, I was in a very busy and populous town in Lancashire, spending the day. In my visits I called upon a leading tradesman, and in conversing with him on the two rival systems of Medicine, Allopathy and Homœopathy, he related the following adventure, viz :—

"For many years of my married life my family Physician was an Allopath. His bill has ranged from £10 per annum to £25. Two years ago I was taken suddenly ill one day in the shop about mid-day, with a sort of giddiness, and a feeling as if my strength were leaving me altogether. I went home, and sent for the Doctor. When he came he said to me, "I think you are threatened with a fever. However, I advise you to go to bed, and I will send you some Medicine. I acted upon his advice, The Physic came in due course. Immediately I took the first dose I felt as if I should go mad, the blood rushed to the head, a nervous apprehension took hold of me, the whole system seemed shaken to its base. I could touch nothing to eat, or drink. I felt as if I loathed everything about me. In my madness I jumped out of bed, dressed myself, and rushed out into the fields, and remained there till late in the evening ; but the fresh air brought me back to my senses, relief came as soon as the medicine passed from the stomach, the pressure on the brain ceased, and when I reached home I was comparatively myself again. I had some light refreshment, slept well, and when morning came I was ready for business. As I went into the Town, I called upon the Doctor who was evidently surprised to see me in his surgery. I related to him my experience of the first dose of his physic. I did not mince matters, but told him in so many words how my suspicions shaped themselves, and directed him to send in his account. He did so, and we dissolved our business relationship by mutual consent.

"Well, what next?" "Well, I placed myself under a Homœopathist. For

Doubtless the doctor would have said to me those "unmedicated" globules are for myself to prepare, to which I should have replied, "please whisper that into ears more credulous than mine."

I have no quarrel with the homœopath, only to this extent: he is following out the practice of the "Nature doctor" under a somewhat disguised garb. He is not alone. The herbalopath with his Meadow-sweet is tainted with the same defect; but the allopath "goes the whole hog." He will have nothing to do with sanatory remedies: he is above all help from that side, and his patients die two to one of those of his competitors, and the period occupied in a cure is three times as long. This must be so. The nature of the treatment determines the delay in the cure, or its fatality.

There are two principles urged by different theorists,—one that like cures like, and the other that contraries cure. Both are the offspring of a vain and speculative philosophy, and are not the deductions of sober reason, nor the result of reliable experiments. Nature knows nothing of such teaching.

Allopathy is condemned. It is a failure, and commands little of our respect, less of our admiration, and none of our confidence. Still Allopathy is the orthodox practice, although it has lost much ground lately. Acts of Parliament have stereotyped it upon the domestic and social life of the nation. Its practitioners as a rule are narrow-minded, exclusive and unbending; they reject all aid from sanatory remedies, and enforce the drug upon their patients, willing or unwilling, successful or unsuccessful, it is all the same,—they put a good face upon disaster, and death is not an issue they have much occasion to fear. Allopathy is master of the situation, and, whilst it is impatient in opposition, it plays the role of the despot without any qualms of conscience. Its certification is unquestioned. The Registrar General's Department is now an appanage of the Royal

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the last two years, during which period I have had as much occasion for him in my family, so far as I can now estimate it roughly, as I had for the orthodox doctor on the average of years, but the cures have been better and quicker, and the bills have not exceeded 33s. per annum."

The gentleman concluded by saying, with considerable emphasis, "Of the two, give me Homœopathy."

It need scarcely be said that I agreed with his opinion.

I could multiply instances like the above, *ad infinitum*. Happily the need for it does not exist; they abound everywhere.

College of Physicians, and the Local Government Board is fast passing into the same category, and where the mystic scene will end one can scarcely divine. Now that we see the danger, the remedy may not be so far off. Allopathy is utterly out of touch, and utterly out of sympathy with the great majority of the people. It courts the rich for its wealth, the powerful for its patronage, and the state for its official appointments. Physic has totally changed its character within the last quarter of a century. Instead of being the servant of the public, and devoted to the interests of humanity, it has lost all considerations of that sort: it is selfish, grasping, luxurious, and indolent. Moreover physic is pettish where it cannot dominate, insubordinate where it cannot command, and unteachable where it cannot dictate.

The basis of the Physician's charges should be shifted from that of curing disease to that of preserving health.

To pay the Physician for curing disease is, to all intents and purposes, to subsidize disease. If the Physician has to live out of disease and its treatment, rest assured that the supply will be equal to the demand. This is one of the recognised principles of trade, and the healing art cannot be allowed on any shallow pretence to claim exemption from its operation. Statisticians in the Registrar-General's Department say that the science of disease has now culminated in such a crisis that the Register of the names of diseases inimical to life has reached a sum total of *one thousand*, and that the steady amplification of new diseases is a process that seems capable of infinite variation and extension.

The subject is not to me a statistical study: it is a question of immense magnitude, of such importance as to demand the attention of all who take an interest in human happiness, health, and life. To continue on the downward grade will eventuate in a condition of things where life would be unbearable, and death would be the sharpest remedy. The object, therefore, of my argument is to elevate the status of the Physician by shifting the principle on which his charges are based from that of curing disease to that of preserving health. Furthermore, I wish to see the dawn of brighter days for the sick and afflicted in the great family of God's poor, and to assist in hastening that event.

I wish to substitute in the place of an inert drug treatment, the wiser practice seeking help from the skin functions, abandoning the drug, and saving mankind from a host of diseases the direct consequence of punishing the stomach for sins of which it is innocent.

The healthy nutritions, the food, fruits, and water, being substances vitalized by nature, and unvitiated by artificial processes, and which maintain the highest physical development when a man is in full health, are the only nutritions, food, fruits, or liquid which man should employ in sickness, to restore the physical equilibrium—the normal condition of the body. Drugs or medicaments used by the Physician to restore health in sickness, when a man requires to have proper support, would, if administered to a healthy man, injure his stomach, reduce his physical stamina, and disorganise the whole man, and what other effect can they have in sickness when the patient's health is debilitated, and in a state of chronic weakness?

My principal objection to physic is to the drug, the earths and minerals, in any shape, and of these I say that they minister to death, not to life; it is their nature to do so, they have not been vitalized, nor can they vitalize, and nature abhors that which has never contributed to life, as much as she abhors a vacuum, because she knows that such substances can never be absorbed by the blood, which is the life, as an essential and vital element, as a life-maintaining force; but, instead of life, the principle they hold within themselves, and whose influence on the frame of man is neither subject to control, nor modification, is one, as I have said before, which means disease and comprehends death as its final goal. The intention in their administration may be good, but what avails the *intention?* Chemical substances will not change their character, or modify their course, at the bidding of a dispenser! If the inherent force impressed upon the drug is prejudicial to the healthy functions of life, even to an extent that may be infinitesimal, nature never intended that substance to find its way into the human stomach; but where it is given in large doses, instead of infinitesimal, there is no wonder how it is that diseases, chameleon-like, change their disposition or state, repel each other, run into one another, and evolve new and distinct forms of disease until both our present classifications and nomenclatures are everlastingly taxed to invent fresh names, composed of Latin adjectives and Greek nouns,

having a remote ancestral relationship to some one of the obscure symptoms arresting the notice of the physician, many of which symptoms have a close consanguinity—a direct descent—from the remedies and poisonous substances used in an effete medical practice. I claim for poor human nature that remedies shall be simple, and that the stomach shall not be invalided when the skin is endowed with the proper functions to eliminate impurities from the blood, and when water from the fountain, clear, cool, and cleansing,[1] is in waiting to do her share in restoring the patient to his former state of health.

Physic, the practice of physic, is a mass of inconsistencies, from beginning to end. It is an antiquated practice—this drug treatment with its specifics and antidotes—and like all old practices, theories, or superstitions, requires to be examined, reformed, filtrated, and brought into unison with common sense, and with a nature treatment refined by reason, exalted by sublimer teachings, and purified by the adoption of simpler remedies.

There is but one circumstance that stands between physic and its immediate extinction, viz., its union with surgery. A divorce must be sought; if refused, the only alternative will be for the laity to set up its own hospitals, and conduct its own cures. That will be no very difficult task. It only wants the courage to do it.

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[1] As instances of the prejudice and ignorance which exist with respect to water—water in any state, hot or cold—either for drinking or for ablution, I may mention the following incidents, viz.:—

1. I saw in one of our evening papers a short time ago, a paragraph to the effect that a woman suffering from some skin affection, called upon a doctor for his advice. The physician saw at a glance that his patient had a very dirty skin. He had the sense to prescribe accordingly, so he told her to take a bath every morning for a fortnight at about 70° Fahr. She took offence and said, "Practically, Sir, you tell me to go home and wash myself." "Well," he replied, "I admit it is open to that objection."

I should say this woman went home, but not to wash herself. She was one of those who think that, whatever the ailment they suffer from may be, there is always a cure for it at the doctor's command, which cure is to be effected by "swallowing something." To swallow anything is so much less trouble than to wash one's self, is it not?

2. In conversation with a gentleman travelling by the same train as myself some short time since, he complained of a furred tongue on rising and a disagreeable taste before retiring at night, which circumstance troubled him a good deal, and he said, "I have taken medicine *ad libitum*, without any result, excepting this that I think I am worse under physic than without it." I told him I could give him a recipe of great value. He begged me to say what it was. I observed, "Drink a glass of cold water before going to bed, and another when you get up, and drink five or six glasses at intervals during the day." "Sir," said he, "I never drank a glass of water in my life. What do you think of that?" "Think," I said, "I

The Anti-Vaccination agitation has answered the whole Vaccination case. The Fallacies of the Faculty recapitulated, with Observations thereon.

In this country, as in others, the Anti-Vaccination agitation has raised other issues than those directly implicated in the practice of vaccination. It has combated ancient theories, raised doubts about physic, and brought sanitation into greater prominence.

We have been more diligent advocates in the cause of Sanitation than any other section of the community.

In the Municipal Councils, on the Boards of Guardians, in Sanitary Committees, in lectures, journals, correspondence, and literature;

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cannot believe you." "You may," he answered, "My father died recently at 70 years of age. He farmed an estate which had been in the family nearly 250 years. He had a great antipathy to water, and never took it in any other shape than 'home-brewed,' claret, champagne, whisky, or an occasional coffee or tea. I was brought up on the same dietary, but I am beginning to question the policy of continuing it." "I cannot now doubt your statement," I continued, "the only mystery to me is not that you have a *furred tongue*, but that you have any relic of a tongue left" He replied, "I will take your advice. I must, however, begin at the beginning and drink one glass per day for a time." My companion had to leave me at the station we were approaching, and in the yard I saw his groom and a spare horse waiting for their master. My new acquaintance was the representative of a class of men still in existence. Let us hope they are fast dying out, and may soon be as rare as the Dinotherium.

3. It is many years ago now that staying on one occasion at Ben Rhydding, the late Dr. McLeod had a patient, an abdominous Scotchman weighing 18 stones, who came to him from the far north for treatment. The Scot was a man unaccustomed to water and in lieu thereof he drank his 16 or 18 whiskies nightly. An end was sure to follow a course so reckless, and it stole upon him not a moment too soon. The man drove up about 7 p.m. one evening, and made straight for the doctor. Dr. McLeod forbade the invalid touching alcohol during his stay, and restricted his imbibitions to water from the fountain on the hill side up among the rhododendrons. On the man enquiring how much he might drink,—"Oh," said the doctor, "you may drink one-and-twenty of the tots you will find on the ledge of the fountain." The tots held nearly three parts of an ordinary glass. The brawny Scot turned up in the consulting room at 11 a.m. the next morning scarcely able to crawl, and looking for all the world as though he would burst! "What on earth have you been doing?" asked the physician "I hae drank 14 tots, but could nae manage t'other seven," said the hardy northerner. "Good heavens," replied the doctor, "I meant you to drink two or three at a time during the day, and not all at once." "Ye did na say that, mon," said the patient. Momentarily bewildered, the doctor was amazed that his countryman could have misunderstood his directions, and in tones of anger he issued his order,—"lay on your back on that couch, you silly man, and don't stir for two hours."

The Scotchman regained the use of his senses and his legs by the time the sun went down The man had come for the water cure, and evidently thought that quantity was an element in the process. His experience before was of water "mixed." His first introduction to Hydropathy was an awkward one. He was a wiser man after the incident. So was the doctor.

wherever we have denounced vaccination, we have proposed sanitation as its substitute ;—that Sanitation which has accomplished so much for us in the past, and will do more for us when we know how to value and to apply it in the future.

With regard to vaccination itself, I challenge our opponents to produce one single argument in its favour which has not been answered calmly, reasonably, logically, and conclusively. The Anti-Vaccinator holds the field. There are but two ghostly enemies left—the first is,—the legal enactment ; the second is,—Mammon.

In a recent work by Dr. Creighton,[1] the author of the article on "Vaccination" in the last volume of the "Encyclopædia Britannica," he says :—"The Anti-Vaccinists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries, or fatalities in their own families, or in those of their neighbours. Whatever their motive, they have scrutinized the evidence to some purpose ; they have mastered nearly the whole case ; they have knocked the bottom out of a grotesque superstition. The public at large cannot believe that a great profession should have been so perseveringly in the wrong.'[2] And again, "It is difficult to conceive what will be the excuse made for a century of cow-poxing ; but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the twentieth century, as blood-letting now does to us. Vaccination differs, however, from all previous errors of the faculty, in being maintained as the law of the land on the warrant of medical authority. That is the reason why the blow to professional credit can hardly help being severe, and why the efforts to ward it off have been, and will continue to be so ingenious."

Go back with me a few years, say twenty years, and how did matters stand ? The horse was then believed to be the source of the virus ; but that useful and noble animal has declined the paternity of

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[1] "Jenner and Vaccination," pp. 352-3-4.

[2] Testimony like this, from such a quarter, is not only complimentary, it is just. Physic, although it boasts of an antiquity so remote, is every whit as grotesque a superstition as vaccination itself. Inoculation, vaccination, and attenuated virus for rabies, belong exclusively to the tithing of quackery. Physic has no claim whatever to be regarded as a science. Its teachings are full of error, as an egg is full of meat Its practice is antiquated, despotic, protracted, and disastrous. I have given the key-note for the coming contest.

a product so atrociously vile. Then the cow was said to be the agent in spontaneous "cow-pox"; but the cow will have none of it—she rejects it with matronly scorn. It has been established beyond doubt that before the cow can yield up the virus of vaccine, the vaccinator must burglariously insert into her veins the virus of small-pox from the human subject. The product is the virus of Ceely and Badcock. The theories and practice of Jenner and his followers, Pearson, Woodville, Simon, Marson, Thorne, Buchanan, and Pasteur, and all the vanquished advocates of virusation, are at this moment in a state of confusion pitiable to behold.

It was said, ages ago, and accepted as a truism, that every man was destined to have small-pox once in life,[1] and that it was best to

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1. It is curious to note how these opinions obtain credence seeing they are, in their best estate, mere parasitical growths of Medical Heresy. The first authoritative reference to this crotchet I can find is in a paper communicated to the Royal Society, by Sir Hans Sloane, M.D., dated Feb. 19, 1756. See Phil. Trans., Abridged Edition, Vol 49, p. 516.

The doctor aristocratic writes that he had heard reports of Inoculation from China, Guinea, and Turkey. He refers to the case of the Hon. W. Wortley-Montagu (Ambassador at Turkey), and Lady Mary, who had their son inoculated, and brought him home in good health. He describes his professional interviews with the then late Queen Caroline, who wished him to inoculate the children of her daughter, the Princess Anne, then Princess Royal of Orange; and also his interview with King George the Ist on the same business. As to his interview with the King, he says. "I told his Majesty my opinion, *that it was impossible to be certain—but that raising such a commotion in the blood, there might happen dangerous accidents not foreseen.*" To which his Majesty replied, "That such might and had happened to persons who had *lost their lives by bleeding in a pleurisy, and taking physic in any distemper, let ever so much care be taken.*" Whereupon Sir Hans answered, "I thought this to be the same case, and the matter was concluded upon, and succeeded as usual, without any danger during the operation, or the least ill symptom or disorder since." The doctor adds, "I have been consulted with upon the like occasion by many; I have been of opinion that *since it is reckoned that scarce one in a thousand misses having it (Smallpox) sometime in their life, the sooner it is given them the better.*" He concludes thus:—"Upon the whole it is wonderful that this operation, which seems so plainly for the public good, should, through dread of other distempers being inoculated with it, and other unreasonable prejudices, be stopped from procuring it."

Please reflect:—

1. That the practice of Inoculation, recommended by Sir Hans Sloane to his Majesty, George I., "so plainly for the public good," is now a penal offence! Its sins have been laid bare. It cost England "millions" of lives! So much for Physic in the 18th Century.

2. Sir Hans admits that inoculation raised "*such a commotion in the blood.*"

Yes, it does indeed. Blood poisoning, in inoculation or vaccination, is one of the most "dangerous" operations within the range of Medicine. I do not hesitate to designate the Vaccinator as childhood's worst enemy—the one great pest of infant life.

3. Sir Hans repeats the statement that "scarce one in a thousand" escaped the smallpox "sometime in life;" therefore he adds, "*the sooner it is given them*

give it artificially, in childhood, by inoculation; and, afterwards by vaccination. The common sense of the people has relegated these despicable fads, for they never were anything better than fads, to that chamber of horrors—the home of medical fallacies and superstitions, from which they ought never to have emerged.

It was held that one attack of disease, of the zymotic type, was protective against a second attack of the same complaint—that small-pox was protective against itself—and that vaccination, being a mild form of Small-pox, (how could it be a mild form of Small-pox, unless the base of the virus was Small-pox matter?) was protection for ever, against a future attack, mild or virulent. This dogma has been disproved—it is a medical heresy of the worst order. But, does the medicinist give it up? Not a bit of it. So far from that, in the Report for 1885, the Regr. Genl., in speaking of Scarlet fever (p. xiii.), says, a "mild attack is believed to confer as perfect after-immunity as does a more severe attack." All the immunity that we value is that immunity from a first attack of zymotic disease which Sanitation gives against plague, Black-death, Sweating-sickness, Leprosy, Gaol-fever, and Cholera; and not the immunity which, in his impotency, man offers in a first attack against a second of the same complaint. The medicinist never changes his follies or his fads: sooner far expect the leopard to change his spots, or the Ethiop the colour of his skin. He is bound hand and foot by the mandates of the College of Physicians. Like the tethered goat he can only move in a circle. There are exceptions I gladly allow, but they only prove the rule. The spasmodic repetition of exploded theories is like the "sullen firing" of a retreating foe—the ammunition is spent, but nobody is hurt.

Again, the "oldest inhabitant" whose brow bears the furrows of fourscore years is introduced in the interest of vaccination. He testifies,

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the better." Truly, the fallacies of the faculty are astounding! How Sir Hans Sloane could commit himself to an opinion bristling with errors so profound is a mystery. When men go wrong on "first principles," there is no antidotic imposture, however whimsical and outlandish it may be, that Medicine seems to have the power to reject. Principles wrong in theory cannot be made right by putting them into practice. Inoculation and Vaccination are the antidotes of the Physician; wrong in theory, they are calamitous in execution.

"Then do you wish to unsettle the public confidence in Medicine?" some one may enquire.

Yes,—that I may lead it up to something better, higher, and nobler.

"I remember when I was a boy every third or fourth person I met was marked with the scars of Small-pox," and he adds, "See what vaccination has done—there are but few marked with Small-pox in these days."—and the medicinist, in this Nineteenth Century, does not scruple to reiterate an argument so full of sophistry and so easy of refutation.

Bring that old man back to me. I'll ask him a question. You have heard of the plague, have you not? "Yes, and a fearful visitation it was—its history is dreadful to recall." But you have not heard of a case for two centuries in England; it has disappeared at the bidding of Sanitation. "Yes that is so," he mutters. Then I ask,—Which is the best master to serve—Sanitation for plague, or vaccination for Small-pox? Which? But the old man answers not. Again I ask him, You remember reading of the terrors of the Black-death, the Sweating-Sickness, Leprosy, and Gaol-fever? "Yes I do," he replies; "they were devastating plagues—people trembled at their approach." They have all disappeared, I said, and left not a rack behind,—this, too, at the healing touch of Sanitation. I ask again,—Which is the best master to serve, Vaccination for Small-pox, or Sanitation for Black-death, Sweating-sickness, Leprosy and Gaol-fever? The old man is silent. But the ages are not silent! The testimony of 160 years certifies to the fact that if the Small-pox had not been trifled with it would have left this country at the same period that the above diseases disappeared. With regard to the Epidemics of the 16th, 17th and 18th Centuries the sweet influences of Sanitation have dispelled those fearful scourges from every land subject to her sway. The voice of Nature is the voice of God—"Be clean and live." As if in mockery of God himself man stepped in and said,—"Leave the Small-pox to me—I'll cure that better than you can." But has he done so? Medical men have had Small-pox in hand during Epidemic and non-Epidemic times for over 160 years, and with this result, that the most fatal Epidemic of this Century, so far as reliable statistics show, visited these shores in 1871-2, and for ought we know the next may be more destructive still. Nay if that were all—a Small-pox Epidemic now and then—that would be a circumstance we might not grieve about, seeing that Small-pox is the least to be feared of all its

congeners. The worst is this, that in attempting to dispel one disease, Medical men not only fail in their promises, but they inoculate, along with the vaccine, the seeds of fifty other diseases as loathsome and as fatal as the one they seek to displace. And the most deplorable consequence is that the mortality of children under 5 years of age has not decreased—two-fifths of the total mortality, 200,000 out of 500,000 deaths, occur in infants under 5 ;[1] and until you lay hands on the Vaccinator, until you stop the supplies, until you say to him "No more of this Murder," the infantile mortality will not be a diminishing quantity.

Then, again, we have recently established the fact that spontaneous cow-pox is a pure myth, and that the small pox of to-day is

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[1] The great mortality of children uuder 5 years of age is a circumstance which ought to provoke deep "searchings of heart." I know it is out of character with the ordinary dangers of infant life. My children, by my present wife, who is a healthy woman, have all lived, and why should not those of my poorer neighbour? The simple reason is that my house is surrounded by healthy sanitary arrangements, well ventilated, good bath accommodation, fresh air, pure water, plain food, and warm clothing, and the children live ; my poorest neighbour's mode of life is more or less deficient in every particular, and his children die. But there is another point, my children are unvaccinated, untainted by that first disturber of the peace. I cannot *always* blame my neighbour. The landlord is often at fault. In other cases, and amongst the very poor, a slatternly wife is a constant source of domestic trouble. Poverty is a great crime I know, but drinking proclivities are, in husband or wife, a much greater. Ignorance and neglect contribute their quota to swell the death-rate. Taking all these agents into our consideration, and as many more which might be stated, there is no reply to the accusation that the infant death-rate is abnormally exaggerated. The mortality of which we speak is preventable. There is no reason in the world, in the order of nature, why nearly every child should not be a healthy child. I am talking now of the great majority of births. There will always be a certain per centage of constitutionally infirm, weak, and diseased children, but they form a comparatively small proportion of the whole number born in any year. The question of a healthy race, and how to promote it, is a question for the sanitarian. The physician has nothing to do with it, even in its remotest aspects. "Preventive medicine" cannot help us, it is a negligible quantity. As a prophylaxis vaccination is of no more use than a dead dog ; as an infective agent, provocative and distributor of disease conditions, it has to be reckoned with. The first thing is to get quit of it, whatever the cost may be.

The nation must set about its own deliverance. It must not delegate public health questions to the profession. Oh, no ! that way madness lies !

The real benefit to be derived from sanitation and sanatory appliances, can never be realised by our race in the presence of a practice so dangerous and so lethal as vaccination. Public blood-poisoning is the one great abomination against which the people must set themselves in battle order. Vaccination is a "Destructor" more fatal than three plagues !

We must use our own common senses. We must discount; nay, we must reject, religiously, every argument or statement put forth by the pro-vaccinator, his pecuniary interests are involved—he has not clean hands. The complexion of each statistic is coloured by self interest.

the legacy of Jennerism. India, in the Sanitary Blue Book lately issued, is adding its testimony to that of England, America, Germany, and Holland—all combine in the announcement that vaccination, instead of being a protective, is a provocative ; instead of preventing small pox it disseminates it, the base being small pox virus. The whole thing is patent to a school-boy's brain. But, then, the vaccinator has not a school-boy's brain—he has his own unfortunately. As the continual dropping of water petrifies the object upon which it falls, so the persistent acceptance of wrong principles, and the pernicious consequences attending their application, renders the medical man incapable of judging as to the merits or demerits of dogmas stamped with the indicia of professional authority.

Furthermore, anti-vaccinists have shown that there is no place in nature for vaccination as a remedial or protective agent—it is blood poisoning with decayed animal matter. It is a murderous operation by whomsoever effected. Science offers no parallel to the crude and illogical theory of Jenner. The College of Physicians accepted the theory, and awarded their Diploma to a man utterly unworthy of it—a man who never could have obtained it in the ordinary way. The Royal Society rejected Jenner's theory, and advised him not to risk his reputation upon it. But he did—he would have none of their advice—he risked his all upon an observance which has been, *par excellence*, the greatest curse that ever afflicted humanity. When future ages shall have totalled this loathsome Bill, they will speak of Edward Jenner with bated breath, and consign his name and memory to everlasting obloquy. What a miserable ending awaits this "benefactor of the human race"! Pasteurism[1]

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[1] If Pasteurism holds its own for another year or two we shall be visited with an Epidemic of similar institutions,—we shall have attenuated virus from an Ox, or an Ass in tuberculosis, as an antidote against tuberculosis in man ; or attenuated virus from the hind quarters of a Baboon, that favoured crimson space,

"Where the tail joins on to the small of the back,"

as an antidote for the Scarlet Fever ! Why not as to the latter instance, in colour they are both "scarlet?" Jennerism has no better philosophy at the back of it. A speech from Sir Lyon Playfair, an article by Sir Henry Roscoe, a letter of recommendation from Sir James Paget, and a few statistics by Sir John Simon, and the thing is done !

One can only say with Tennyson :—

"Chaos, Cosmos ! Cosmos Chaos ! Who can tell how all will end ?"

The inhabitants of this fair earth, each one for himself, or herself, will ere long be in the position of the dying squire of Murewell, who, when Robert Elsmere

anticipates the same verdict, and beguiles its time by courting the patronage of Royalty, of the rich and influential, thus following in the footsteps of Jenner; but there is one satisfaction, viz.: whom the rich flatter to-day, they will, on just cause, abandon to-morrow.

Jenner sought for a specific—he should have looked for Sanitation; he hunted about for a discovery, and, not having the capacity to discern the difference between the two, he united himself to a craze;[1] he coveted the glittering prize, Mammon; his cup was filled to the brim; he claimed to be reckoned amongst the immortals, but his imposture has been unveiled, and his name has been struck out of the list—discredited and dishonoured. Let him pass out of our sight for a moment or two,—a Medical Gehazi, a Leper white as snow, smitten with the leprosy of his own misdeeds.

It is said that Jenner discovered the bitter curse of wrong-doing before he died. Little doubt exists that the perplexities in which Vaccination had involved him occasioned the apoplexy which terminated in his death 1823. The earth lies heavy on his grave.

Dr. John Hunter, Dr. Copland, and Sir Benjamin Brodie, have all denounced blood-poisoning with animal virus, in the most un-

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said to him, "But you are recovering," dryly replied, "I have added to my knowledge. Like Heine, I am qualified to give lectures in Heaven on the ignorance of Doctors on Earth."—Robert Elsmere, 3rd Vol, p. 376.

The mischief of Vaccination and the Drug treatment is due to the fact that medical men have withdrawn themselves from the simple teachings of nature, the diet, air, exercise, and running water, and have flown off at a tangent into the mystic region of specifics, antidotes, and poisons,—poisons not only mineral and vegetable, but absolutely morbid poisons from the diseases of man and beast!! Poisons withal, as to the primary or terminal effect of which upon the human organism, the physician knows no more than the little ignoramus who carries them from house to house.

But why are the poisons administered? Perhaps to help the patient to reflect that a cure is worth paying for when these severe remedies have to be resorted to. I can conceive no other reason. Poisons do no good. They do much harm. And that permanent cures can be performed without them, I call Hydropathy, Herbalopathy, and Homœopathy to witness.

[1] Some will say that I am hard upon vaccination in general, and use harsh language in speaking of the drug treatment in particular. Be it so. Am I not justified in using the plainest Saxon, when I describe the orgies of vaccination, or the errors and mismanagement of Medical treatment in sickness, even if I encroach upon the borders of rudeness, when I see a generous nation misled, nay, deceived, by false teaching and a fateful practice, and when I know that the leaders have genius enough, if they had the courage, to condemn one and to improve the other? I say further, that men of the stamp of Sir Lyon Playfair, Sir James Paget, Sir Henry Roscoe and Sir John Simon, are storing up for themselves a heritage of shame from which they ought to be the first to detach themselves. They have one chance left. We shall see if they are equal to the occasion.

qualified and emphatic manner. Not an anatomist lives, who, in his early experiences in the dissecting room, fails to remember the dread of blood contamination. Not a few careless operators have perished by necroscopic poisoning. And yet medical men cannot, will not, see that vaccination, properly interpreted, means blood-poisoning [1]—it has no other meaning. This is another nail that we have driven into the coffin that shall one day hide vaccination from our view.

"The Inspector is abroad," said Lord Salisbury. Yes, and "the Doctor is abroad." "Where is he?" do you say. He is the Figaro here, there, and everywhere. He brings you into the world. He attends you and your family in your various sicknesses from the cradle to the grave. He certifies your death and then he registers it. He writes the death report of the nation,—to his own taste and cut. He is medical officer to the Local Government Board. He is inspector of vaccination. He is the vaccinator. He is the magistrate to urge your punishment if you resist the operation of the law. If an inquest is called for, he is the coroner, and he will listen to nothing to the discredit of vaccination. He has often a seat on the Board of Guardians. He is a councillor, alderman, and the mayor in turn.

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[1] Some interesting facts are recorded in the Philosophical Transactions, vol 47, p. 75, with regard to a vegetable poison brought by Mons. de la Condamine, of the Royal Academy of Science, Paris, on his return from a tour in the interior of South America. The poison is made by the savages of Lamas and Ticunas. It is extracted by fire from divers plants which the French call Lianes. The Indians make a tube and then small arrows of the palm-tree wood; they wrap a little roll of cotton round the arrow, to make it fit the tube, and it is then tipped with poison, and shot out of the tube. They are so dexterous that they seldom miss their mark, and animals pierced with the arrow die on the spot. Mons. Herissant, who contributes the article, describes a great number of experiments on horses, dogs, bears, cats, birds, and rabbits, all tending to show that death was in most cases instantaneous on inoculating the blood with the poison; but further experiments showed the same poison was inert when applied to the surface of the skin or taken internally in the same quantities. Rabbits were killed by the poison, prepared, boiled, and eaten, without any one experiencing ill effects. The native Indians of Lamas and Ticunas used the poisoned arrows in war, and named the poisons after their tribes. These savages were vaccinators, and the only difference between them and our English vaccinators is that the poison made by the Indians is more immediate in its effects, for the simple reason that vegetable or mineral poisons are quicker in their operation than animal poisons. But the act—the blood poisoning—in all its power and maliciousness is one and the same; they both attack the blood which is the life. The only conclusion from the premises is this—viz, blood-poisoning is a murderous operation; vaccination is blood-poisoning, therefore vaccination is a murderous operation; and I venture to prophesy that the day is not far distant when the medical profession will be compelled to admit the force of the argument.

What is worse than all is that he is charged, in high places, with hurried and imperfect diagnosis, with issuing vague and inaccurate certificates of death. What we have to fear most is, that in his carelessness and ignorance he may treat a symptom for a cause, to the evident misadventure of his patient, and there is no man to say to him, "What is this thou hast done?"

Then, observe, as to his teaching: the medical man inculcates mistaken views and erroneous principles, and men take them on credit, and pass them on as sterling coin. He tells you to dread infection—he advises you that it may be caught in the street, in the railway carriage, on the top of an omnibus, on the back of a letter just delivered, in a draught of new milk, and in the passing breeze. At the very time he tells you this, he must know, in his heart, that there is not a shred of truth in it. He might as well tell you there is infection in the moon's pale light, in a mother's sigh, in a maiden's tear, or a baby's dream. He frightens you with his new-fangled discoveries of ugly formed molecules, dragon-shaped infusoria, of tissue-infecting bacteria, and trichinæ and microbes that defy description and set calculation at defiance. He does not tell you that all these products, all this life, is nature's penalty for man's neglect of sanitary conditions—nothing more. He would take a journey to France or Germany to see a new microbe, and he would spend months in worrying medicine to find him a specific, but he would not walk into his neighbour's back yard, or into his own kitchen, to remove the conditions which gave life to the object of his curiosity. You may depend upon this that we have not exhausted the resources of nature in producing agents, whether invested with life or not; they may be molecules of matter travelling in the air we breathe, or forms of life in the water we drink or in the food we eat, generating diseases when they meet with the conditions suitable for development; but whatever they are, our object is not to discover specifics, but to see to it that the conditions necessary for their generation never occur. Nature is awfully retributive—she is exacting, but her demands are so simple that a child may understand and obey them. She says, "Be clean and live." Will you obey? or will you yet trust the drug? or the necroscopic virus the *Science of Medicine calls by the senseless name of—Vaccination?*

The medicinist tells you that one attack of disease is protective against a second[1] attack of the same disorder, when he knows the converse is the true state of the case. He tells you that inoculation

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[1] The idea that one attack of smallpox is protective against a second attack is one of the most vulgar dogmas to be picked out of the whole history of medical fallacies. What would the soldier say if on the field of battle I were to promulgate the theory, "Sir, the shot you have just received is protective against a second —you are rifle-proof for ever?" What would the sailor conclude with regard to my mental condition, if I were to observe, "Comrade, the shipwreck you suffered yesterday is a protection for ever against a similar disaster on the sea?" What reply would the Huntsman make if I were to assure him, "Friend, this morning's spill, which dislocated the left arm, is a guarantee for the rest of your life against any future accident in the field?" The protection of one attack of any disease, I care not what its name, rests on no better basis than the above instances, and one is as fertile, ludicrous, nay laughable, as the other. Medicine is sadly in want of an argument. Will no one come to its aid?

Medical men do not reflect upon the fact that their adherence to the abomination of Jennerism and to the senseless fads I am attacking and exposing, is awakening an active, intelligent, and able opposition which may be an awkward power to encounter in the no distant future. Intoxicated with its own success, revelling in an air-drawn Atlantis, medicine is standing on the brink of ruin.

One attack is protective against a second. Is it? Let us see how this theory comports itself. A young girl attends a dance, is careless, she catches a cold which terminates in pleurisy. After a struggle with this disorder she is at length restored to health As the physician bids good-bye, he says, "My young friend, you have had a sharp fight for it. You will now be liable to a second attack, which may be more serious. I advise you to be on your guard." Again, an erring toper has delirium tremens. 'Tis his first experience of nature's revolt against his vicious habit, but it has no premonition for him. His medical man discourses thus: "My friend, you have passed through a serious malady. You are all the more liable to a second attack, and you must avoid that event, for this reason—it will ten to one be fatal." Once more, a young man plays a losing innings at cricket, he retires in a "big perspiration," he loiters about, and a chill accompanies him home to his bedroom. He has a severe inflammation of the lungs. When he comes round, his physician pats him on the back, saying, "Young man, this complaint will leave you weaker than it found you. A second attack will have grievous consequences. You must really be conservative of your health. Any indiscretion will find its way to the lungs; be careful of yourself."

Now there is not much in this talk about a first attack being a protection against a second. It is a questionable policy to blow hot and cold with the same breath—people who do so are liable to hear of it again The theory I am assailing is illogical, unsound and delusive. It is manufactured for an object,—a base object. It is a lame excuse, a poor apology, for a crime committed against this young child of yours *whose susceptible nature never forgets that first taint of disease,* —vaccine inoculation.

If your physician were honest, he would say, "Do not allow this first taint of disease to occur. How do you know the nature of the virus? The first taint will render that life more liable to contagious influences from whatever cause they may proceed. Avoid vaccination, Madam, as you would avoid a serpent's fang."

As I was coming away from the Post Office one day, now several years ago, I met a letter carrier returning from the morning's delivery. He was very much disfigured by the smallpox. I said to him, "You are very badly pitted. Of course you have not been vaccinated, or else you would have been protected." "Sir," said he, "you never made a worse hit in your life. I have been vaccinated, and re-vaccinated four times, and curiously enough I have had the smallpox five times—one smallpox for each vaccination." I observed, "Say why you have had

and vaccination are the true remedies for special forms of zymotic disease. But he knows that wherever blood-inoculation has been resorted to, either as preventive or specific, it has failed—it has failed

four re-vaccinations ?" "First when I enlisted in an infantry regiment, and again during an epidemic. I left the army from an illness which was regarded as a permanent disablement. I got into the Police, and was re-vaccinated a third time. Finally, through influence, I obtained a situation in the Post Office, where I am now, and I was re-vaccinated for the fourth time." I pressed another question or two upon him. "Did it ever occur to you that the attacks of smallpox were related to the previous vaccinations ?" "I have thought so," he said, "but having been a fairly healthy man till after the second attack, which was the worst and left me very weak for a long time, I never could understand why I should be so often struck with smallpox." "If I tell you," I responded, "that the base of the vaccine virus is smallpox matter, would that strengthen your convictions ?" "Yes, Sir," he said, "that would help me over the hedge. Anyhow, I never had much faith in vaccination. It always made me ill."

I have frequently stumbled upon men who have had smallpox twice and even three times, but this was the only instance I have read, or heard of, where a person had the disease five times. I have known patients who had suffered from scarlatina twice, measles three times, croup four or five times, and scrofula times innumerable.

There was precisely the same statement made by quacks 150 years ago with reference to the Plague,—"You have had it once and that is a protection against a second attack." I have hunted up an authoritative denial of this ancient fad as to the Plague. It is from a letter written in the year 1763, by Murdock Mackenzie, M.D , to Sir Jas. Porter, His Majesty's Ambassador at Brussels. It appears in the Phil. Trans., Abd. Ed., Vol 54, p. 66. Here it is :—"Thucydides," in his account of the Plague at Athens, "states that a patient cannot have it twice, *which is absolutely false*. The Greek Padre who took care of the Greek Hospital at Smyrna for 50 years assured me that he had had the Plague *twelve different times* in that interval ; and it is very certain he died of it in 1736. Monsieur Brossard had it in the year 1745, when he returned from France ; and it is very well known that he and his family died of it in April, 1762. The Abbe who takes care of the Frank Hospital at Pera, swore to me the other day, that he had had it already here and at Smyrna *four different times*.

The statement, therefore, so constantly advanced by the faculty, that a first attack of any special fever is protective against a second of the same kind, is a pure myth, a vulgar superstition, an addle-headed craze. Physic lives upon such incorporeal brain maggots as the fads traced to Thucydides, and Sir Hans Sloane !

In speaking of medicine as a treatment for the infectious diseases Dr. Wm. Gayton, the Medical Superintendent of the North Western Hospital, London, says,[1] "In casting the eye over the extensive and motley assemblage of substances which have been employed, one cannot but be forcibly impressed at the palpable absurdity of some, the disgusting and loathsome nature of others, the total inactivity of many, and, it must be admitted, the uncertain and precarious reputation of all ; and we are compelled by an eager and laudable curiosity to enquire how it can have happened that substances sometimes in the highest esteem should have fallen into total neglect and disrespect, while others of humble pretensions and of little significance should have maintained their ground for many years. Medical remedies, however, now-a-days for the most part have gone to the wall, and what is called the "expectant treatment of disease" is well to the front—a treatment which is said to point to a more cultivated field of practice than that which we were taught in our younger days" The above opinion of physic could not have been more sweeping or condemnatory if it had came from my own pen. In a note I say, "Allopathy must go," whereas I might justly have said, "Allopathy has gone." The "expectant" practitioner expects everything, but does little. This "expectant" dogma is a perfect myth.

[1] Report of Metropolitan Asylums Board, for 1891, p. 44.

for syphilis, for measles, for hydrophobia, and for small-pox in man; as it has for rinderpest, sheep-pox, and swine-pox, &c., in animals. He tells you the want of the age is "preventive medicine;" but he knows, in his inmost soul, the true "Elixir Vitæ" is sanitation—as a preventive—fresh air, the pure water, the cleanly homestead, the well-paved street, with the ventilated drains coursing underneath; and sanatory means—remedial in their scope—the simple diet, fresh air, the pure water, invigorating exercise and hydropathic baths; these are Nature's only essentials to secure the healthy life of any people.

Then, note, the result of this agitation has settled the question, once and for ever, that syphilis and all its sisterhood of inoculable diseases, are transmissible with the virus in vaccination.[1] Up to 1872

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[1] In 1870, I was Guardian of the Poor for the Leeds Union, when the vaccination controversy was frequently under discussion, and opportunities were thus afforded of knowing more of the temper of the poor with regard to it, and how the medical officers viewed the subject. Having read Dr. Simon's Papers and Dr. Seaton's Handbook, I knew their views on vaccination off by heart, and I was on no account surprised to find how closely the medical officers of the Union followed their instructions. On the 8th of February of that year, the subject was introduced by me before the Board on the following notice:—"That this Board, without expressing any opinion in favour of vaccination or against it, memorialise the Home Secretary to grant the Commission of Enquiry promised by him in the last session of Parliament, as to the efficacy or otherwise of the practice of vaccination, and that the Poor Law Board be asked to support the prayer of the memorial." The discussion occasioned some display of party feeling and it was lost on that ground rather than upon the merits of the question. During the afternoon, Mr. Henry Lampen, Clerk to the Board of Guardians, told me the following incident, and I mention it here to show how consistent Dr. Seaton was, in his lifetime, in teaching views which are now happily exploded, and how obstinately the Union surgeons practised what he taught. He said, "Some months ago, Dr. Seaton came into the office to have an interview with me. Dr. Chadwick (ex-President of the British Medical Association) was also in the room. The conversation turned at once upon the subject of vaccination, and upon the communicability of other diseases along with the vaccine. I said to him, 'Whatever you say as to other diseases not being transmissible, I always tell Dr. Price, before he vaccinates my children, to be careful that he gets pure matter;' whereupon Dr. Seaton immediately replied, 'Believe me, Sir, it is all bosh about pure lymph for the purposes of vaccination; it is all pure, and one child is as good as another for the supply of lymph. It is impossible to invaccinate syphilis.' And upon this the Clerk to the Guardians turned round and addressing Mr. Hall, surgeon to the Union, who was in the Board-room, he asked, 'Well, is not that what you understand?' 'Certainly,' said Mr. Hall, 'that is what we understand and what we practise.'" My quarrel, however, is with Dr. Simon and the late Dr. Seaton, who for many years past have preached such pernicious doctrines; and I venture to say that, although their nice little theories about vaccine only producing vaccine, syphilis being propagated by syphilis, and scrofula producing scrofula, and that only, are now scattered to the winds, and diseases are proved to be transmissible; Vaccinators are as careless as ever they were. It is said that points, charged for use, are often sent to the Vaccine Institution, in London, by public Vaccinators, and they are returned in consequence of its having been discovered that blood

this fact, one of the strongest in the armoury of the Anti-Vaccinator, was stoutly denied. The principal Pro-vaccinators were all agreed in denouncing the tenet. We have smitten them hip and thigh on this subject. Their asseverations, in clearest type, disfigure and disarm their best writings during the whole controversy. The history of the facts and the evidence is so recent that I can pass it over at this point.

Again, the four and five mark theory of Dr. Marson expired almost with the breath that gave it expression.

The false death-statistics from small-pox in the Franco-German War, trotted out by Dr. Lyon Playfair, received at our hands so thorough an exposure that it is seldom referred to now.

One of our principal victories consisted in enforcing the fact, established upon indubitable evidence, that medical statistics were not to be depended upon, they were faulty and untrue. Our enemies reeled in their ranks at this discovery. They had been trusted—they were shown to be untrustworthy. They had gained the confidence of the nation—that confidence was shaken to its base.

If statistics could have proved that the healthy unvaccinated died in greater proportions than the healthy vaccinated, vaccination would have had some show of reason for its continuance. Such proof was not forthcoming. In this matter "the stars in their courses fought against Sisera." It was the madness of despair that led our opponents to commit a blunder so disastrous—worse than a blunder—it was a crime. All the statistics issued have been a comparison of the death-rate between the healthy vaccinated, and the unhealthy unvaccinated

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corpuscles were mixed with the virus. This is not by any means an uncommon occurrence. The public do not know whether the blood corpuscles were those tainted with syphilis, scabies, scrofula, or other form of disease ; but some poor children in the back slums of London, or healthier children in the West End, would have found it out before long. Where such accidents have arisen, it is said. "Oh, it was carelessness," or "there must have been blood mixed with the matter." I have been teaching the transmissibility of disease along with the vaccine virus for nearly forty years past, and yet, till February 1871, Dr. Simon, Dr. Seaton, and the profession generally, during all that period, ridiculed the idea My opinions, and I am only speaking for myself here, are now accepted by the faculty. This fact I maintain gives me a claim to public confidence, with regard to the advanced views I have published in these pages. Whether that consideration is accorded to me or not, I shall pursue my course of action in denouncing vaccination, and in promoting sanitation with that steadiness of purpose which has marked my career for so many years.

—this fact condemns their statistics and the inferences drawn from them.

The Statistical History of the Death-rate and the Disease-rate take their rise in the year 1838. There are no reliable statistics for the period between 1798, when vaccination took the place of inoculation, and the year 1838; and still less are there any authentic statistics of Death-causes for the 18th Century, when Inoculation worked its own sweet will. How much, therefore, of the diseased life of this Country, and I refer particularly to infantile diseases, although I may not exclude adult diseases, is, and has been due to vaccination, as the first cause, we have no means of ascertaining. What we do know is this, that the vaccine virus is not a simple but a compound substance —there is the small-pox virus obtained from the human subject, and the hereditary disease taint of the vaccinifer, whether syphilitic, scrofulaic, or phthisic, or there may be the pleuro-pneumoniac taint from the cow; therefore we are painfully convinced of the fact that as an exciting, or disease-inoculating agent, the vaccine virus, with the superadded hereditary or acquired taints referred to, increasing its virulence, adding to its complexity, and spreading all around the maximum of mischief without affording the fraction of a minimum of benefit, is capable, single-handed, of affecting the disease-rate and the mortality of infants to the extent of which we complain.[1] I do not say it is the sole cause. I know it is not. This I solemnly believe, that of all the causes, and they are many, which operate prejudicially upon infantile life, vaccination is infinitely the greatest contributor, and the least under control. Give up vaccination, and let us have 14 years' freedom from its tyranny, and I will undertake to collate and furnish, from the death-statistics of the period, an indictment that shall startle the nation out of its propriety.

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[1] The things of which I speak in this book could not be evolved out of a man's inner consciousness; they are the conclusions drawn from a large experience and from a long acquaintance with the subject in all its varied phases. Opportunities, exceptional in their character, have occurred of which I was able to take advantage. I have turned these to the best account. If the points I bring under review, which I dispute or impeach, are in direct opposition to the prejudices, declarations, or practices of the medical profession, I would suggest that there are means and tests to ascertain their truth to which I shall readily submit. A man is not good for much who objects to enquiry, and who seeks to evade the scrutiny of reasonable men. I shall not shun the questioning of scientists if I am convinced that such efforts are suggested not to confound or annoy, but to elicit the truth regardless of consequences.

Of late years the statistics of the death-rate have been watched with keener eyes than any in the Registrar-Genl.'s Department—because more interested, humanitarian rather than professional. In 1838 the death-rates from "Bronchitis" and "Diarrhœa" were 2,067 and 2,482 respectively, and in 1888, after 50 years of sanitation, involving the expenditure of millions upon millions of money in obtaining pure water, in carrying out a complete system of drainage, in pulling down the rookeries which infested our large towns and cities alike, and in expanding and perfecting all the other manifold conditions favourable to the healthy development of human life; after 50 years of improvement in medicine, in advancing the prognosis and diagnosis of disease, in the invention of instruments better adapted for surgical cases, in the discovery of new anæsthetics, in the many additions to the nomenclature of diseases, in a brand new classification recommended by a Committee appointed by the Royal College of Physicians, in an educative system of examinations in every department: and, note this, after 37 years of compulsion in the matter of vaccination, what are the statistics of these same death-causes? In 1888 the figures are "bronchitis" 57,571, and "diarrhœa" 12,839. If we measure the benefits of sanitation, and the boasted advance of medicine, by their results, and by what else can we measure them, where is the advantage perceptible when we come to balance accounts? Had we not better retrace our steps, tap our reservoirs, turn the supplies from the watershed into the sea, tear up our drains, let each house have its separate well in the back yard with the notorious cesspool on the brink, cease building our dwellings upon enlightened principles, pull down London and rebuild it on the model of 1666, write sanitation backwards way to give it a Greek inflection, and last, not least, take away from the people that most beneficent, "harmless operation" called vaccination? Yes, I would, seeing that beneath the spreading branches of these two trees, sanitation and medicine—growing side by side—nothing seems to flourish but disease and death. That fact is palpable to the meanest understanding. But I would retrace my steps by degrees. I would measure every advance in the scales of time, and begin with the last item first, and abolish vaccination for a period of fourteen years, during which period it shall be enacted that any medical man performing vaccination shall be immediately struck off the register, then, in the

year 1904, let us add up the death-rates of "bronchitis" and "diarrhœa." The infantile population, in the meantime, would shout for joy and sing. The mother's heart would leap within her. There would be no vaccine demon to sow tares among the fine wheat of sanitation. Othello's occupation would be well-nigh gone—the medical man would thus expose to view the fact that half his work and half his pay[1] were circumvented by the extinction of the senseless and unsanitary rite of vaccination. In addition to all this, there is one other advantage that would accrue to the nation—the small-pox epidemic could never return to scare the patient, or add its quota to the doctor's fees—the nation would be rid of it for ever.

Word Pictures on the Vaccination Question.

The Anti-Vaccination controversy has produced a few rare examples of Word-Pictures, some of which are worthy to be inscribed on the tablets of our memories, and will not be out of place in a corner of these pages, viz. :—

1. "The primary object to aim at is placing a healthy stock of men in conditions of air, water, warmth, food, dwelling, and work most favourable

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[1] A friend of mine, in the spring of the year 1890 happened to be spending a few days in a pleasant town on the West coast. Walking out one morning he met a doctor from his native place. Some incident led them on to the question of vaccination, and to what is termed, in ordinary parlance, the disagreeable side of it—the pecuniary side. The doctor, himself a vaccinator, when pressed on the point, observed: "It is absurd saying that medical men have no money interest in vaccination. Let both parties discuss the subject honestly. Lately I was requested by letter to re-vaccinate the girls in a ladies' seminary where a limited number only are under tuition. I was occupied less than an hour. Every one was prepared for the operation at the time I called. I took home with me ten guineas—20 at 10s 6d. fee for each pupil. Can I conscientiously say that I have no pecuniary interest in vaccination? The thing is absurd. I hate cant. There are public vaccinators who earn £100 per annum by vaccination under the Local Boards of Guardians, in addition to that they may obtain a bonus of £100 to £300 a year for supplying charged vaccination points to the authorities, and they may further gain £50 or £100 a year by private vaccinations? Have these men no pecuniary interest to subserve? If the vaccination question is to be thrashed out, by all means let it be done on fair principles. I admit, I must admit that medical men have a strong pecuniary interest in vaccination and that this interest is a factor in determining the retention or surrender of the observance" My friend remarked, "May not this interest account for the strong feeling displayed by the profession, and may it not shut their eyes to mischief resulting from the operation?" The doctor replied, "Do not ask me to prove too much of your case. We will now talk on some other subject, say the prospect of the potato blight in Ireland."

to their development. The vigour of their own life is the best security men have against the invasion of their organization by low corpuscular forms of life—for such the propagating matters of zymotic diseases may be held to be."—Dr. FARR.

Dr. Farr's paragraph is a word-pieture of the first merit. As a work of art in its construetion, and as embodying the patient thought and eonclusions of many anxious years, it is as mueh an object of pride, and as much a subject of admiration to the reader, or the writer, as "Locksley Hall" to Tennyson, "The Stag at Bay" to Landseer, or "The Veiled Venus" to Gibson, and it will be equally enduring. The above *paragraph* will travel down the ages. It will be eited by a thousand authors, exerting its influenee upon eorporate bodies and sanitary authorities for untold generations, and in eenturies to eome it may survive every other work of Farr's, and perhaps be the only saying, or inspiration, to tell that onee he lived and died.

In a letter to me from MISS FLORENCE NIGHTINGALE, dated London, July 27, 1889, in speaking of the word pieture above referred to, she says, "The paragraph by my dear friend, Dr. Farr, whom we have lost, deserves to be written *in letters of gold.*" It does; and it will be quoted by good men and true through all time, and that is more lasting than "*letters of gold!*"

Another word picture is from the pen of Miss Nightingale herself, consisting of a portion of the quotation on the baek of the title-page to this volume, viz. ;—

2. "Every one who knows anything of public health questions will agree in your views as to the practical unity of epidemics, and their determining causes, and that exemption from all alike must be sought not by any one thing, such as vaccination, but by enquiring into and removing the causes of epidemic susceptibility generally."

This paragraph also deserves to be written "in letters of gold." I courteously submit it to the eonsideration of the Royal Commission. In these five lines the reader will find a full reply to everything which has been said or written on the vaccination side during the whole of the present eentury, and it is said, perhaps as only a woman eould say it, in language mild and gentle as the breath of summer.

Here is a seeond example by the same authoress, and another instance showing how a great prineiple may be condensed into two or three lines, viz. :—

3. Epidemic disease is to be *prevented* by agents or conditions which produce *health*; not, in any one epidemic disease case, by an agent or condition which produces (not health), but a *disease, or a diseased action.*"

This word-picture is a complete answer to Dr. Barry's Report on the Sheffield Epidemic of 1887-8, including Dr. Buchanan's preface thereto. Miss Nightingale has answered 300 pages of foolscap matter in three lines; and answered it twelve years before the epidemic occurred when Drs. Barry and Buchanan compiled their report,—a report which is an eternal disgrace to the Medical Officers of the Local Govt. Board. Dr. Barry's Report is written to bolster up vaccination. Miss Nightingale says epidemics are to be prevented by agents which produce health, *i. e.*, sanitary appliances, and not by agents like vaccination, which produce disease,—the pith of the whole matter lies in that argument.

The next is from the pen of my revered friend, Prof. F. W. Newman, in a critique addressed to me, dated April, 1876, viz. :—

> 4. Medical men try to make statistics supersede *principle*. When we have sound principles, we may be glad of statistics, especially to aid us in organizing the machinery which is to carry them into execution. They are valuable in their own place ; but, if instead of *subordinating* them to great principles, we try to make them dominant, the more elaborate our experiments the more ingeniously we may blind ourselves. A man who thinks he can improve human health by putting corruption into the blood, may be very learned in statistics (false or true), but he is, to my mind, certainly very foolish, and his opinion deserves contempt, be his erudition ever so extensive. He goes wrong in first principles, and has to unlearn, to go back, to retract, to become *humbler*, before he can rightly learn, and much more before he can worthily teach. We meet every day like errors among the uneducated, but we have a right to expect that the educated shall be above them."

This picture requires no word of commendation from me. The officials of the Local Government Board would do well to commit it to memory.

A fourth example is also from the pen of Professor Newman, not one word of which we could afford to lose.

> 5. " I judge by myself in the past what is the present state of thousands of well meaning and not unintelligent persons. I had never known any harm to myself or to any of my brothers or sisters from vaccination : nay, I had never heard among any of my acquaintance of any evil from it : therefore, the medical profession in general approving of it, I thought the opponents of vaccination to be fanciful persons who could not be satisfied *to let well alone* ; and when their tracts were on one occasion given me, I did not trouble myself to read them. But as soon as I heard, on attestation which I could not doubt, that vaccination had infused palpable mischief, I at once saw that the legislators, who could not guarantee us against such mischief, had no right to enforce the operation ; and the door of free thought being thus open, I further discerned that no legislator could claim, on the ground of public health, any right to violate the person of one notoriously healthy. It broke upon me as a new and astonishing fact, that any medical men could be so infatuated as to call

healthy children *foci of disease*, and could base upon this their inference that the State has a right of infusing into their veins an actual disease. Such reasoners proclaim themselves absurd, and earn my hearty contempt for their weakness as well as alarm at their injustice;—alarm, because, like inquisitors and religious persecutors in past days, they have the ear of powerful persons. In self-defence we must now seek to disestablish and disendow the medical faculty, which, under pretence of sanitation, is aiming to get our bodies under their despotic control."

I venture to give two of mine written during the strain of the Small-pox Epidemic of 1871-2.

6 "Vaccination is right or wrong in itself, *independently of any statistic.*"

I offer this as another statistical study for Dr. Buchanan and Dr. Barry, with my compliments. These two officials have not a word to say to the nation upon the subject of vaccination outside the domain of statistics. Any reference to the *rationale* of the observance is studiously avoided! Neither have they a single allusion to the question of "blood poisoning" involved in the rite—a fact that is suggestive.

The next is from a pamphlet written at intervals between my daily visits among Small-pox patients, the living, the dying, and the dead. I did my best "*to catch the Small-pox*," but it avoided me from first to last. It is a great coward when you grapple with it. Like Du Chaillu's Gorilla, it is only an *enfant terrible* in the dark.

7 "Epidemics, and, in fact, all Zymotic diseases, may be said to be filth-diseases. There is no exception to that rule. Whom do they attack? The unclean. What neighbourhoods do they visit? The filthiest. What towns do they select? Those where sanitary conditions are the most neglected. Note the last small-pox epidemic, and take Leeds as an example. Who were the victims? The very lowest classes of society, children that were filthy, neglected, and ill-fed, others living in houses that were overcrowded, destitute of proper ventilation, and in courts and alleys where sanitation is a term unknown; adults, who are tramps, drunkards, prostitutes, men and women without homes, wanderers,—with a very modest sprinkling of the very lowest sections of the working classes; these formed seven-tenths of the patients who passed through the hospital of the Leeds Union, and these are the very self same people, resident in the same houses, streets, and neighbourhoods, who would have fallen the first victims to any other epidemic which had sprung up. If they had not yielded to the small-pox they would have succumbed to scarlet fever, typhoid, or the like. If the unsanitary surroundings are there, and the physically deteriorated in health within reach, then the conditions for producing an epidemic are present, and the result cannot fail to be disastrous. The strong and healthy do not take the small-pox."

The object of this word-picture is to show that Epidemics and Zymotic Diseases are confined to the lowest sections of the poor. Hence the folly, nay, the wickedness, of vaccinating the children of

the wealthy, the middle classes, or the orderly and cleanly members of the labouring classes. The vaccination of four-fifths of the infantile population is a work of supererogation; it offers protection from a disease, Small-pox, when they are in no danger of taking it, either from unsanitary surroundings (in which they do not live), as one cause; or from infection (an artificial product showing bad medical treatment), as a second cause. This is just like physic, it kicks up a hullaballoo, and shouts "Small-pox, Small-pox," and then the people, like so many prairie dogs, rush into their habitats, they offer an arm to be empoisoned with the ineradicable virus, imagining that if they should be inoculated with syphilitie, scrofulaic, or pneumoniac taint, they have escaped Small-pox! But they have not escaped the Small-pox. They are just as liable as ever to take the disease or the infeetion. They are and were in no danger of eontracting it, but if they did, the Small-pox is easier of cure than Syphilis, Serofula, Pneumonia, or any kindred disorder. Small-pox is comparatively a harmless fever under sanatory applianees, vicious and malignant only under the drug "reign of terrorism."

I now give two word-pictures from the mouth of Sir Lyon Playfair. The first was addressed to the Students of St. Mary's Hospital, London, in the year 1872. It is well drawn to life. The second, to assist in preserving vaccination "from reproach," was delivered in the House of Commons in the year 1883. I give them together by way of contrast, showing how a good man may go bad after an interval of eleven years! It turns a man's head sometimes when he is regarded as an authority.

8 "Of the chronic and wide-spread filth (in the time of the Stuarts) arose the black death, the plague, the sweating sickness, *and other pestilences,* the consequences of bad hygienic conditions."

9 "Sanitation has little connection with the large reductions in the rate of mortality from small pox."

My next is a word-picture from the pen of Mr. Henry May, Surgeon to the Aston Union. I dug it out of an article on "Certificates of Death," which appeared in the *Birmingham Medical Review,* for January, 1874. It is drawn by a master's hand.

10 "In certificates given by us voluntarily, and to which the public have access, *it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way,* or which are likely to cause annoyance or injury to the survivors. In such cases he

will most likely tell the truth, *but not the whole truth, and assign some prominent symptom of the disease as the cause of death.*

As instances of cases which may tell against the medical man himself, I will mention *erysipelas from vaccination*, and puerperal fever. A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, *yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death.*"

I will not harass Mr. May's feelings by making many observations on this picture here. He has been punished badly enough by seeing it exhibited so often at the "*Healtheries*," held by Anti-Vaccinators, in our provincial cities and towns during the last sixteen years! Its fate is not to die of "inanition" just yet. Oh no—we cannot spare it. It is a fine example of the base coin now current, and of the degrading artifices adopted by the profession in carrying out the Vaccination Laws. Surely the members of that body will aid us in delivering them from the tyranny of the Pharmacopœia, and the petty despotisms of their Colleges; and last, not least, from the dubious environments of Jennerism.

In conclusion I would say, by way of commentary upon the word pictures :—

1. If Dr. Farr is right in saying that a man's natural vigour is his best security against zymotic forms of disease, then vaccination which communicates a disease taint, is false in theory and practice.

2. If Miss Florence Nightingale is correct in saying that the duty of the people, with regard to epidemics, is to remove the causes which produce them, and not to trust in antidotes such as vaccination, then vaccination is false in theory and practice.

3. If the same authoress's statement that epidemics are to be *prevented* by *healthy conditions*, and not by agents which produce a diseased action, be true - and where is the man bold enough to have a doubt upon it—then vaccination is false in theory and practice.

4. If Professor Newman is right in saying that the medical authorities of the day have gone wrong in first principles in trusting to statistics, right or wrong, to prove their case, and that they are in error in resorting to a national system of blood-poisoning with a corrupt virus, and that better things should be expected of them,—then vaccination, based on groundless statistics, is false in theory and practice.

5. If the same writer's statements be well founded that permanent injuries to individuals have arisen from vaccination, that the legislature can give no guarantee against such injuries, and that it has consequently no right to enforce the ordinance; and that the whole thing is an utter absurdity, an instance of medical intolerance which should lead the people to disestablish and disendow the faculty—then vaccination is false in theory and practice.

6. If, as the author of this work states, vaccination is right or wrong in itself, independently of any statistic, and he ventures to suggest that it has not and cannot be denied; and if medical officials depend solely upon statistics, which are oftener false than true, to prove their case,—then it is safe to affirm that vaccination is false in theory and practice.

7. If, as the author states, all zymotic diseases are roused into action by unsanitary conditions ; that they attack the lowest classes of society only ; and that the strong and healthy do not take the small pox, then it is clear that vaccination does not and cannot save those who do take the disease, because they die of it, and that it is useless giving a supposed protection to the healthy, because they do not want it, being in no danger,—then it is clear that vaccination is false both in theory and practice.

8. If Sir Lyon Playfair in 1872 was veracious in saying that the epidemics in the time of the Stuarts, the black death, the plague, the sweating-sickness and other pestilences (the small pox included), were the consequences of bad hygienic conditions ; and that if three of those pestilences have disappeared in consequence of sanitation, it is fair to presume that the fourth, small pox, would have disappeared simultaneously if it had not been retained by artificial means,—then vaccination is false in theory and practice.

9. If it be true what this little starveling of a scientist, Sir Lyon Playfair says, that sanitation has had little to do with the large deductions in the rate of mortality from small pox, then history has no meaning, science no facts, and experience no lessons ; sanitation has all to do with these deductions and that too, *in spite of vaccination.* Vaccination I submit is false in theory and practice.

10. If, as Dr. May argues, the profession is shrouded in a system of false certification, and that this is done to "preserve vaccination from reproach," then, the observance being bolstered up by such dishonest practices, it may be safely inferred that vaccination is false in theory and practice.

Jennerism, "A Lying Spirit,"

A Vision.

Jenner never advanced one single word in explanation of the *rationale* of vaccination. The how and the wherefore were conspicuous by their absence. He never soared so high as to search for a fact based upon any law of nature on which to account for his theory. He had heard a rumour among the country folk that if the village maids had the "cow-pox" they could not have the "small-pox." He was pleased with the antithesis. Dr. Creighton says it was a "*jingle*" that tickled his ears. He imagined he had stumbled upon a Newton's apple, and that out of it would proceed a law as fixed as gravitation ; but, unfortunately, the "cow-pox" was not an apple, and Jenner was not a Newton ! Still, his imposture grew apace ; it battened upon human credulity, until, with the lapse of years, it settled itself firmly in its seat, and could claim, as it does to-day, the protection of legal enactments, and the support of state subsidies. Vaccination was a bare-faced imposture under the management of Jenner ; it was nothing better when advocated by Simon, Seaton and Marson, and the same term may

be safely used under the present unwise patronage of Drs. Thorne, Buchanan, and Barry.[1] To out-Herod Herod is a mild phrase when applied to the latest utterances from the officials of the Local Government Board as contained in the Report of the Sheffield Epidemic, and from the beginning to the end of that Report there is not one word as to the *rationale* of this strange God which Jenner set up in the halls of science. The day has gone by when vaccination can be received at Jenner's estimate, or upon the estimate of his disciples in later times. I will evoke this spirit of Jennerism from the shades of night, and ask it a few plain questions. The spirits from the dead dare not lie. Lying is of the earth, earthly. There it comes! I will speak to it. What are you, Vaccination? A prophylaxis? "No, an infective agent." Is yours a healthy action upon the blood? "No, decidedly and altogether a morbid action, whose termination is in disease and death." Do you control the small-pox epidemic? "Yes, when absent, to promote its return; when present, to intensify it." Do you hold any affinity with the human body? "None whatever; I am its worst enemy." Do you modify an attack of small-pox in any given instance? "Not in the least; I have no such power. I am credited with virtues I do not possess." Name your congeners, your friends in council? "They are Small-pox, Bronchitis, Laryngitis, Leprosy, Phthisis, Pneumonia, Atrophy and Debility, Diarrhœa, Convulsions, Typhus, Measles, Scarlatina, Hydrocephalus, Whooping-Cough, Diphtheria, Tabes Mesenterica, Syphilis, Scrofula, Erysipelas, Scabies, Croup and Cancer, etc." This is vaccination? "This is vaccination,—the true state of the case, and ninety years of failure, through the ages, echo the words, *This is vaccination.*"

If vaccination were continued for twice ten thousand years, I venture to say that the answer, unchanged in a single characteristic, would penetrate the cycles of time, saying, "This is vaccination. It is a lying spirit."

So long as the spirit of Jennerism is raised up, and is so very communicative, I will enquire further,—Say now, 'ere you go back

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[1] These are the men, who with national funds, support the idol temple of Jenner, and authorise the dissemination of a virus whose poison robs the people of life, and in its minor attitudes diffuses disease conditions as permanent as they are peccant.

into the silence of the past once more, and your voice is hushed in the stillness of everlasting night, say, Is not Jennerism a lying spirit? "It is a lying spirit." Was it that in the mouth of Jenner? "It was a lying spirit." Was it so in the hands of Jenner's immediate successors? "It was a lying spirit." Is it so in the case of those who uphold it now, no matter what their rank or social status may be? "It is a lying spirit."

The spirit I had evoked vanished from my sight, and as it disappeared I heard from its half-parted lips, in measured tones and low, the solemn refrain, "A lying spirit."

It was midnight, and just as I had written the last three words, the church clock struck twelve. I closed my desk, blew out my tapers, and retired to rest; but all through my sleep I seemed to be conscious of the fact that the last spell was unbroken which said of Vaccination, "It is a lying spirit," and that I was still held in its mighty grasp. I awoke with the words on my soul, and they clung to me like a voice from the dead.

Gentle reader, whoever you are, in whatever country you may reside, wheresoever the English language is spoken, may these words burn themselves in upon your soul as they have upon mine.

"It is a Lying Spirit."

CHAPTER I.

ARGUMENT.

That man is a sanatory being, that his diseases, in the main, are the consequences of neglect of or disobedience to wise sanitary laws, and that the treatment should be sanatory in its character and application.

That sanitation is the only preventive with which to combat all epidemic or endemic influences, and that as sanitation becomes more general in its application, disease forms of the zymotic type will recede and disappear.

THE statement that man is a sanatory being requires little to be said in support of it, seeing that the nation has had thirty years' training and experience in the principles and practice of hydropathy. To have advanced a proposition like the above fifty years ago, when I was a school-boy, would have won the first vacancy for the dunce's cap. Many people, born to hereditary prejudices, exhibit a sort of affection for the medicinist and his teaching, which is a marked family failing. These people are of no use in the impending crusade—a new generation must come and go before the next representatives are capable of exercising an unbiassed judgment. A second section of the community, in consequence of bad management in early life, have so great an objection to personal ablutions, and to cold water in particular, that to urge sanatory remedies as the one universal treatment for man at each period of life and for any form of disease, would be certain to secure their active opposition, their hatred or contempt.

It is clear to the thoughtful mind, that medicine has shown itself quite unequal to bear the strain which it has been subjected to, and it has failed to make good its title to be regarded as the national system of treatment for the future. This conviction is gathering strength day by day. I meet with it "at every end and turn," and it would be a symptom of mental weakness to ignore the fact.

In introducing opinions and arguments on the broad question that man is a sanatory being, and that his remedies should be sanatory, it may be represented that I am attempting to demonstrate a second time the manifest advantages of the cold water cure. I have truly no such intention. I am only supporting the cold water cure by facts which have come within my own experience, and my next point is to expose the unsuitableness, insufficiency and failure of the drug treatment.

It would be absurd to depreciate Allopathy if I were unprepared to recommend a substitute—Hydropathy. I am no such visionary. If I prove my case, some may say, "I shall never be converted to Hydropathic teaching," my reply is "Very well, if you prefer to have lengthened illnesses, the uncertainty, the pain, the sequelæ, and death, under the drug treatment, I cannot help it. I have no message for you. You can stop at this point. You need not read another line. My mission is to the wise and prudent, judge ye what I say."

What is disease? It is, in by far the greatest majority of cases, simply an unsanatory condition of the body—blood-poisoning—and if the sanatorian treated the patient in his way, the steady tramp of death would be checked, and the saving in the mortality would be counted by hundreds and thousands per annum. But the modern physician, hedged in by an act of parliament, which pledges him his position and his pay, and by membership with a powerful association extending to him a protection in his practice which can never be questioned, there is no inducement to try remedies, however valuable they may be, which are the out-growth of independent thought and action. To bring out my meaning, the following relations will illustrate the object in view.

Relation 1.

It is now many years since that one of my little girls was attacked with pertussis (whooping-cough). I wished to treat her hydropathically, but could not prevail upon my wife to permit me to do so. The child was placed under the care of an allopathic practitioner—my family doctor. She got worse. One evening the doctor said to me, when anticipating the death of the child, "If I could get her into a perspiration I could effect a cure." "Could you," I replied, "Will you stand by whilst I do it?" "What will you do?" said he. "Do,—I will wrap her up in a wet sheet." "Certainly not," responded the doctor, "I shall not allow you to do it. It is a remedy I do not understand, and it is not practised by the profession." And I was foolish enough to be lectured into obedience. However, in the end, having fought with death for forty-eight mortal hours, the child recovered of the disease, but she was left with a thickening

of the mucous membranes of the air-passages from which she is not yet free. She used to sing like a lark; but her voice is now husky and unmusical.

Had my child been properly treated she would have been saved from the affliction I have mentioned, and which will now accompany her through life.

From this Relation, note :—

1.—The Physician knew that the only hope of saving the child was in his ability to produce a perspiration so as to enable her to throw off the poison which was coursing in the veins, and which was the occasion of the fever.

2.—He was fully aware he had exhausted the powers of medicine and failure marked the treatment.

3.—When a *sanatory* remedy was suggested, he would have none of it, although he did not dispute the fact that the "wet sheet" would have the very effect he wished to realize.

4.—The child was doomed to die under Allopathic mismanagement rather than be brought to life by a new-fangled remedy. Had the doctor submitted to "the pack" it were equal to an admission that Hydropathy had a potent influence within itself which Allopathy could neither evoke nor inflame. It was my fate here to see physic in its own peculiar regulation pattern.

The odylic force referred to in note 4, inherent in the cold water cure, and in the Turkish bath, is now admitted all round, and it is a scientific feature of immeasurable importance, destined to play a leading part in the impending controversy, and will go a long way in determining the point as to which of the four systems now in competition the people will be advised to adopt as the national treatment for the coming years. A power which can produce a violent perspiration in 20 minutes enabling nature to eliminate morbid matter choking the circulation and setting up a dangerous fermentation in the blood, is an agency, in all fever cases, whose value is beyond description, and under no possible contingency where common sense handles the helm can it do harm.

The following case presents different characteristics, viz :—

Relation 2.

Some two or three weeks after the above incident, my youngest little girl, then nearly two years of age, began to exhibit the premonitory symptoms of the same complaint. About two o'clock in the morning she awoke in a fit of coughing, and in a high state of fever. I called the servants up and had a fire made in the nursery. A bed was improvised upon the table, and the child was wrapped up in a wet sheet, and well

protected with dry blankets, a thick rug, and three or four pillows. The patient never whimpered during the process, and after a drink of cold water she fell asleep, with as much apparent comfort as if she had been in a feather bed. I applied cold bandages to the forehead every few minutes. Dr. Johnson recommends a wet sheet for forty minutes, but I counted sixty before I ventured to awake her. I took the child out of this pack, and, placing her in a bath, poured a large canful of cold water over her shoulders, back, and chest. She was then rubbed with a coarse towel, and in addition to her night-dress we clothed her in the folds of a dry blanket—another drink of cold water, and we put her to bed, when she slept again for nearly three hours. On awaking the child partook of some food—a little arrowroot—and after a time went off into a third slumber. About eleven a.m., I went up from the town, and observed the fever symptoms again increasing, and I submitted the patient to the same process of pack and bath, and it is saying too little merely to state that she seemed to enjoy the treatment amazingly, so much so that when about to be removed out of the said wet sheet, she looked at me almost beseechingly, and methought nature whispered through her very eyes, "Don't take me up, I am so comfortable." During the whole of the day, the room, although a small fire was in the grate, was plentifully supplied with cold fresh air, and the nurse administered draughts of filtered water every half hour. In the night, the child slept undisturbed, and the heat of the body was at a natural temperature. The second day there was no need for a wet sheet, and she was only treated with a cold bath twice—morning and night—and on the third day she was running about in her usual health. *The disease did not run its course*, and the plague "was stayed."

From this Relation, note :—

1.—The cold water chilled the fever, and the present development of the disease was arrested.

2.—The return of fever symptoms showed, even in dealing with a child 2 years of age, I had been too sparing in the application of the cold water; in the first pack the fever germs had been chilled, but not killed. The second "pack" was successful.

3.—The second "pack" and the following baths removed the dead material from the blood, and the child recovered straightway. There was no contagious matter evolved, and no sequelæ.

Now if the doctor had been sent for the disease would have gained ground every hour, and there would have been the usual treatment, physic, blisters, vomiting, purging, and the like—as in the former case, and the sufferings of the patient, enough to melt a heart of stone, endured with that patience which is characteristic of a child, and is often as distressing to witness as the presence of severe bodily pain,—and, in suffocation or convulsion, the patient had perished. I have not the least doubt that the above sanatory remedies *saved* the child's life, for, unlike her sister, she was very stout; *saved* five or six weeks' illness, with all the varied troubles and anxieties which a mother can only rightly estimate who never leaves her child; and *saved* me some few pounds which in the first mentioned case had to be borne.

These are not the only instances among nine children in my own family where I have proved on several occasions that hydropathic remedies are in accordance with nature, are of unvarying application, ever constant and speedy in their cures, and uniformly unattended by any after consequences, serious or otherwise. Not to weary the reader, I will briefly mention two other cases, viz. :—

Relation 3.

My little boy, then seven years of age, was seized with an attack of mumps. I submitted him to the process of the Turkish bath for two hours, and then shampoos, and copious tepid and cold baths, a cold bath in the evening, and these repeated morning and night on the second day, and on the third day his strength returned to him. All the time he never refused a meal ; there were no stomach or other functional derangements, and his sleep was natural and undisturbed, and in the day he played, read, or amused himself with his toys, and was not confined to bed beyond the regular hours. Rather different this to parotitis or allopathic mumps ! Again, my youngest girl, then only twelve months of age, during dentition showed symptoms of approaching fever, and although so young and fragile, she underwent the ordinary cold water treatment of wet sheet, baths, and other remedies, and in two or three days her general health was re-established.

From the first Relation, note :—

1.—The mumps supervened upon an attack of scarlatina. I failed to continue "the pack" long enough to remove all the morbid matter from the blood, the consequence was the *sequela* took the form of mumps. This was my first attempt. I have had no sequelæ since.

2.—My physician prophesied "a very awkward case"; but the Turkish bath and the following cold baths settled the dispute without much ado. Mumps may always be cured by sanatory remedies *in three days.*

3.—Sanatory remedies are typified in the functions of the skin. What a grand provision of nature! Perfection distinguishes all the works of God. Imperfection clings to man and all his inventions, his specifics and his antidotes. Whilst practising the true remedies the idea suggested itself that they were God-ordained.

4.—I had a physician lest "death" should outrun my remedies, in which case I should have required a "certificate." The physic came regularly, and was as summarily disposed of. The doctor could not understand the cures, and I did not enlighten him. Since the above cure I have trusted in the remedies, without summoning a doctor, and I have not seen cause to regret it.

A more remarkable instance than any of the preceding is brought to my recollection, and it is given as related to me.

Relation 4

A friend of mine, a farmer, living at some distance from a town where medical aid could be obtained, was sent for out of the fields to attend

upon his child, almost delirious, and in a severe form of fever. A servant was despatched for the physician, who, fortunately, was absent in a neighbouring village. As the father was sitting by the bedside, watching every movement, and lamenting the delay, the boy started up from his pillow, and with clasped hands convulsively exclaimed, "O! pa, pump on me, pump on me;" and, regarding it as the voice of nature, the father suited the action to the word, and took him into the back kitchen, and plied the pump with vigour. The doctor, when he arrived, found that Nature was the wisest physician after all, and the stern remonstrance of the cold water had said to the fever, "Hitherto shalt thou come, but no farther."

Here is another singular case.

Relation 5.

Some time ago, now perhaps fifteen years since, three of the children of a veterinary surgeon were stricken with scarlet fever of a malignant type. One of them died, and the physician told the parent that the other two could not survive. In a state of bewilderment, the father said, "Do you mean to say that you can do nothing more for those children?" and the reply was this, "I must be honest with you; I can do nothing more." "Then," said the parent, "I will treat them myself." On the farm, which was a model farm, and belonged to one of the highest dignitaries of the land, now no more, was a Turkish bath used for the cattle. A servant was sent to prepare this bath with the utmost speed. Horses were attached to the brougham, the children were placed on the seats, wrapped in blankets, and the father drove them on through field and lane until the baths were reached. The delay and the journey occupied about an hour. It is needless to recapitulate the treatment, but in the end the father's efforts were successful, and on the ninth day he had the pleasure of seeing his children at their accustomed play. One regret remains—a regret which proves the kinship of our common nature, and it is that his first child died,—died, yes, alas! when he knows it might have been saved.

The treatment in all these instances must commend itself to the judgment. Sanatory and simple, it is effective when judiciously applied. Suffering and death are things which may be abated and controlled, and, once taken in hand by scientific men, the death-rate would diminish in correspondence with the development of the practice, and the world itself would be enriched by the salvage of human lives. It is of no use talking of sanatory remedies till the principle is recognized of paying our physicians for preserving health instead of curing disease. This point is the basis of all future action in the direction indicated, as the physician "could not live upon sanatory remedies," and before any improvement can take place his living must be the first article in the compact. This is no satire. It is the only way in which, as a practical man, it is possible to view the difficulty, and to guarantee to the faculty, as a body, that they shall find a *quid pro quo* for what they surrender in the change.

That sanatory remedies have suggested themselves to individual members of the profession without any experience of hydropathic practice or teaching, is no secret.

Relation 6.

"It is now some twenty years ago, that, being in the consulting room with the late Dr. Hobson, of Leeds, I observed to him, one evening, "Tell me now what you think of physic." He said, "The simple truth is that I place no reliance upon it. I seldom give it save in a form which is harmless. My power over my patient is in the sick-room, and I am going to die just when I am beginning to know how to treat disease." I said, "Is there no mode of communicating your knowledge to those who, in the order of events, come after you?" "Not at all," was his answer; "those who succeed me will have to begin where I did, make the same blunders as myself, and if they are equally observant, and live as long, they will arrive at the same conclusions as I have done." "Well," I said, "it does seem an inconsistency to reflect that a man's experience must thus be lost." "So it is," he responded, "and the fault lay in the very conditions which surround the profession. Improvement will be a thing of slow growth." "To what, then, do you trust in disease?" "To diet, ventilation, cleanliness, and care in the management of the patient." This conversation is given as briefly and as correctly as an excellent memory will allow, and thus, "He being dead yet speaketh."

N.B.—The whole of the above relations are taken word for word from a note-book written at the time when the events occurred.

Physicians in recent times have, more or less, spoken well of sanatory appliances. I wish they *practised* them more and *said* less. My argument is for sanatory remedies to the total exclusion of physic—that is, the physic of the allopaths—for it is all bad; it has no redeeming feature about it.

The celebrated French physician, Dumoulin, was surrounded in his last moments by several of his professional friends, who bitterly lamented his untimely departure. He urged them not to expend their regrets over his death, as he left three greater physicians behind him. Anxious to know who had thus secured his good opinion, they requested he would name the physicians to whom he referred, and he did so—"Air, exercise, and diet," he answered. Little did they suspect his mantle would descend upon three such ordinary representatives of the healing art. After living to correct the blunders of his medical education, he died a sanatarian. How few reflect when spending their days in badly ventilated rooms, or in excessive eating, drinking, smoking, and sleeping in bedrooms where the admission of fresh air, or the expulsion of noxious air, is studiously avoided, or in a thorough inattention to the healthy development of the functions of the skin,

and in the general neglect of, or indulgence in, a hundred other exercises or excesses, all of which affect the life-rate, that each man, in his own sphere, conspires to shorten the length of his days, and to limit the usefulness of his life's work? These are they who store "nitro-glycerine in the kitchen,"—who consume away, as in a moment, when the torch of fever is applied to their bodies, and at the best do but live out half their days. These are among the principal factors who swell the death-rate, by offering a premium to contagion, and to epidemic atmospheres. Thus, there is no neutral ground for a man to occupy. If his actions do not subserve to promote health, he is educating his body, and all the susceptibilities of his nature, to welcome the first approach of disease, or death, as the case may be. We are, then, the arbiters of our own destiny. Thus, whether we live unsanitary lives, or impress permanent disease conditions upon our offspring, it is all the same, death wins the day and carries off his prize.

See yonder Eskimo mother wending her way to a favourable spot where she can make a hole through the ice, which is perhaps six inches thick. She is carrying her baby in the first stage of fever; but what is she going to do with it? Watch her movements for a few seconds! She stoops down, and with rough implements she succeeds in breaking the frozen mass. She strips the child of its clothing, and holding by one of its hands she drops it gently down into the water, where it remains for a few seconds, and when it comes back to the outer world the fever vanished without protest or pustule. Infection cannot keep itself alive for a moment under such circumstances. But who taught the mother to resort to so severe a remedy? Nature; she has no other teacher. This little episode from northern latitudes speaks volumes in behalf of sanatory remedies. Oh, if men could but get quit of the impression that disease has to be treated scientifically, what a paradise of health the world might become. So long as people have no confidence in themselves, no knowledge of disease-causes and how the great majority of diseases will yield to remedies which should be available in every household, they will be the prey of designing practitioners. If the Eskimo mother, alone by the Polar Sea, trusts to nature, to the cold water cure, surely an educated Saxon need not look beyond nature, and fly to a false philosophy which has nothing within

it but the drug antidote thickly coated with the humid growths of two thousand years.

It was about the middle of the year 1863 that I met the celebrated Dr. Barter, head of the establishment at Blarney, near Cork, where the Turkish bath was the principal curative agency employed on behalf of diseases of every type and form.[1] Here were gathered together men and women of all ages, of strange nationalities; some suffering from heart disease, acute and chronic; others were afflicted with brain affections in all their multitudinous shapes; while others again, the hopeless Phthisic, and the more cheerful patients whose youth, even with the hectic flush upon the cheek, still permitted them to cling to life with radiant confidence.

Neither before nor since, have I ever had brought to my notice, on any one occasion, an indictment against Physic, so decided, and so unanswerable, as that preferred by Dr. Barter. He was dead on drugs. Modern medicinism he denounced with the fervour of one who had found a better remedy in sickness, and had the honesty to declare it, and to follow it out in practice. His patients rejoiced in sanatation; their gratitude knew no bounds to one who, by a common sense treatment, had practically taken away the sting from a painful disease and a lingering death. I saw abundant evidence about me that the complex and varied stages, states, and associations of disease were all influenced, some abated, and others controlled and dispersed, and in many, very many instances a permanent cure was established. Dr. Barter was an enthusiast in his work. What is more he was a perfect diagnosist. The natures and tendencies of diseases were an every day study. Each hour as it flew by found him ready to listen, to encourage, and to direct his anxious and painstaking patients. He lived amongst them, and for the time being he was one of them. Thus the management of convalescence occupied nearly as much of his attention as the pathology and treatment of disease. Here was the

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[1] He said to me, at our first interview, "Come down and see my place. There will be bed and board at your service. Stay as long as you can." In September I took a walking tour through the South of Ireland, and in due course found myself at Blarney. I was much interested in the Doctor, and yet more in his patients. The latter were not of the half-visitor type, similar to those I had seen at Malvern and Ben Rhydding. They were nearly all of them patients acting under advice.

secret of his success. He believed in the Turkish bath, and all his patients submitted themselves to it Yes, even those patients who suffered from acute forms of heart disease. None were exempted, whatever his complaint might be. The Doctor used to say, "Mine is a sanatory remedy, it covers every complaint." His earnestness impressed all who interviewed him with a force stronger than integrity and higher than ingenuity.

One of the most interesting cases was that of a consumptive.

Relation 7.

Captain S. had been in the army 10 years. Born of a consumptive family resident in the South of Ireland, he had from early life determined to try if India, and Indian pursuits, would lengthen his days. He was about 32 when he reached the Punjaub. But he shall tell his own story :—

"I went out to India in 1858, having then the rank of captain. For many years I had been warned that I had but one enemy in the world—consumption ; its unwelcome shadow haunted me night and day wherever I went. Still I dreamt that a warm climate, jovial companions, and hunting in the jungle, would assist me to hold my foe in check. Two years passed away, but at length I became painfully conscious, at intervals, that the disease had fairly set in. Languor, night sweats, and a wearisome cough convinced me, while strength and hope remained, there was but one course—to leave the army and retrace my steps to Ireland. I was fortunately not dependent upon my pay. I quitted the service. In two or three months time I started off for home. On arriving at Dublin I consulted a physician. He examined me ; he said, 'I can discover little hope for you. Both lungs are seriously affected. I recommend you to go home.' I went down to Cork, and my friends advised me to place myself under Dr. Barter. Physic seemed to excite new symptoms without allaying the old. Before arriving at Blarney a review of my sufferings brings to mind a long catalogue of disorders—cold sweats, shiverings, no appetite, food rejected, restlessness and comparative sleeplessness, mucous tinged with blood, weakness, general physical depression, and inability to concentrate my attention upon intellectual studies.

"On arriving at the establishment I sought an interview with Dr. Barter. I told him my history and the tale of my sufferings under a physic regimen He smiled at the recital, saying, 'It is the old, old narrative.' He examined me at once. I had no hope the result of the examination would be different It was not. He addressed me thus :—'It is my painful duty to tell you that I find considerable organic disease, in which both lungs are implicated. I cannot save your life. That is impossible. This is what I can do. Listen to me. If you go on with your drug treatment all your present disagreeable symptoms will continue—life will be a burden to you—and you will wish for the end to come. If you choose to reside with me, I can change that. I can make life a pleasure to you. You shall eat, drink, and sleep. Your present symptoms shall pass away. No night sweats And what is more to you than that—your mind shall be clear to the last."

Turning to me with a look of intensest gratitude, Captain S. said, "Every promise that he made he has kept, and I can understand the rationale of it, and that is what I cannot say of physic. The effete matter, the

waste of the system, instead of collecting in the lungs or the stomach, is driven off by the baths, through the pores of the skin—to nature the most inoffensive way of getting rid of it. You see how nature studies my comfort when I leave myself in her hands. My treatment here has consisted of a farinaceous diet, three Turkish Baths per week, and a tepid bath every morning. I sleep naturally. I enjoy all my meals. I almost live in the open air. I have very little pain, only occasionally. That which troubles me most is an ever recurring consciousness of a diminishing lung area But there is one thing to me more valuable than the Gold of Ophir—it is the gift of a purely sanatory treatment—the full possession of my mental powers How different has been my life here to what it would have been had I remained under Allopathic prescription. I have tried both. I suffered a martyrdom under the tyrrany of physic, but life is a glorious thing under the benign influence of sanatory remedies. I wish I had the pen of a De Quincey, and a few months' time in which to use it. I would tell such a tale that Doctordom would tremble at the recital. This may not be. My days are few, the sands in the hour glass are fast running out. Sir, if you can make any use of my experiencies they are at your service." I said to him, "Do not fear, your remarks shall be reproduced One day they shall be given to the world" He seemed satisfied. The patient lingered on a few more months, still enjoying life. His end was peace, essentially peace—peace in the body, peace in the soul

It will not do to observe, this was an exceptional example. I have no scruple in saying the experience of Captain S. may be that of each reasonable patient who may hereafter trust in sanatory resources. Manifestly it is of the first importance that patients suffering from Consumption in stages curable or incurable should be rescued from the tyranny of medical caprice. Sanatory expedients, in their tendencies and results, can be appreciated ; the patient by an active life can help his cure, the functions of the skin will disperse the morbid matter which in the drug treatment produces the "hacking cough," the "expectoration," the "night sweats," and all the other disagreeable phenomena which wait upon Allopathy. The resources of Nature are transcendent when left to the healing influences of sanatory remedies Drug treatment has nothing in it to allay unfavourable symptoms, to build up the strength of the body, or to work with Nature in her secret and reliable operations. The worst one need say of it is that the drug is an obstructive in its behaviour to the patient when real help is the most essential.

From this Relation, note :—

1.—That the present treatment of Consumption under Medicine, in Hospital, or in private practice, is a circumstance which demands instant attention.

2.—Patients congregated in large City Hospitals is a great mistake. The very construction of the Hospital converts it into a sort of prison, where patients are held in *durance vile* till they die. It is impossible to get a proper quantity of fresh air to oxygenize the blood ; and without invoking the aid of the Turkish Bath, or the "wet sheet," the functions of the skin are not brought into healthy action, and the consequence is that the patient's life is a life of wretchedness instead of pleasure, yes, the life of the Consumptive may be made a pleasure to him,—but not under physic !

3.—The whole treatment and surroundings of disease would be visibly changed for the better if under Hydropathic management. But Hydropathic practice itself is placed at a disadvantage because the

practitioner dares not follow his art into paths where, in case of failure, he would bring upon his head the animadversions of Allopathy.

4.—There is no sufficient reason to affirm that all patients, taken at random, would benefit to the same extent as Captain S. If treated in time, it might be so, but it is easy to understand that a patient's disease may be further advanced, or complicated, in which instance the benefit would not be so apparent or decided. Under any circumstances, sanatory remedies give to nature her best chance.

Epidemics, their Causes and their Treatment.

During the middle ages there were four diseases which at intervals visited the nations of Europe, the plague, the black death, the sweating sickness, and the small-pox. They were all equally mortal, and they were simply filth diseases. In consequence of the improved sanitary condition of this country, three out of the four diseases named have totally disappeared, leaving the small-pox behind. The small-pox ought to have followed the same course as its companion diseases, and so it would if the medical faculty had not interfered and kept it amongst us by artificial means, firstly, by innoculation, and, secondly by vaccination. The base of the virus in both practices is small-pox matter, and so the disease remains with us to this day and will continue a permanent visitor till vaccination is discontinued.

Epidemics come and go in obedience to a natural law. Disease properly interpreted means the infringement of some wise and beneficent law of nature. Zymotic diseases are filth diseases, their antidote is one—cleanliness of person, house, and neighbourhood. There can be no epidemic in the presence of sanitation. Thus when an epidemic comes where does it find its food? Why, its victims are the dirtiest, filthiest, classes of the population, and it knows where to find them, for it wends its way direct to the most unsanitary districts of the town, and when it leaves that same locality it goes for good. It scorns all prophylactics; it laughs at Jennerism; it cares nothing for specifics, and, vaccinated or unvaccinated, its language is, "Stand aside; no masonic sign has any value in the absence of cleanliness; the man is filthy, he's mine"—and it marches him off the stage, and so it passes on to the next, and through the long list, till its work is done.

All the epidemics of past epochs, in common with the small-pox of the present day, are distinguished by the operation of a law by which they are governed, fixed as are the eternal decrees of God,—they have a common origin, a common course, a common termination. Their origin is one—in bad hygienic conditions, severe or mild as the people's surroundings were bad or worse, and as the state of health was weak or strong in its ability to resist the invasion of disease. Their course was identical, marked by the same general features and varied only by the natural vigour of the people, or by the conventional remedies, the specifics, and antidotes peculiar to the times, the particulars of which would be more curious than instructive. Their termination was anticipated, the symptoms fell into a beaten track, unchecked, unmodified, and death was a victor where there was no one to dispute his authority.

In the presence of epidemic influences Medicine must always, in the constitution of things, be a failure.

Relation 8.

During the epidemic years 1871-2, I had the most singular requests made to me. I was sent for to see patients young and old, in all stages of the disease and at all hours of the day and night, both in Leeds and the suburbs. One morning when I was about to leave my house a note was brought from Miss H., the daughter of a solicitor, saying that the husband of a sister of her maid, living at Armley, was very bad with the small-pox, and would I kindly go and see him. After reading my letters at the office, I took the train up to Armley, and proceeded to the house of a Mr. Skinner, at the address furnished me by my correspondent. He was in a bad condition truly. I never saw a worse case. The wife was in a state of mind bordering on distraction. She said to me, "The doctor says my husband can't recover. He came yesterday and said he should not go into the bed-room again, as it was the severest attack he had seen." I answered, "You may perhaps save your husband's life if you are prepared to carry out my injunctions with a woman's will." "Sir," she replied, "tell me what I am to do, and it shall be done." "Go then," I said, "at once to the nearest shop, and purchase a piece of mackintosh two yards by two, and some soft soap; place the mackintosh under him, and wash the body well with wash leather, using the soft soap and tepid water; do this five or six times during the day and, when the fever symptoms abate, you can reduce the washings to three or four per day, but the ablution of the body must be continued morning and night for a fortnight. After the second day you can use a bed-room towel instead of the wash leather, but in the present tender state of the skin the wash leather will not irritate it more than he can bear. Let him have milk, oatmeal gruel, and as much cold water as he can drink. Have the windows and doors open, but keep him warm with extra blankets. In a few days—two or three—sponge the body with cold water after the tepid wash, and with this treatment put an additional blanket over him, so as to encourage a healthy re-action. Do this, and

you have done your best to save your husband's life." I repeated my orders again where necessary, and left the two, wife and husband, in charge of the good angel of Sanatory Science.

In three weeks time that man was at his work, "sound, wind and limb." He and his wife have since emigrated to Australia, and I heard, only a month ago, they were doing well in their adopted country.

Perhaps the reader will agree with me when I state that, left to Allopathic remedies, this man would have been "dead as a door nail" within three days. A lucky incident, which introduced him to Hydropathy. For all febrile diseases, and I restrict myself in this book to that order, there is one remedy, and only one, and that consists in an appeal to the functions of the skin either in the Turkish or other baths, in fact in cleansing the skin and assisting it to perform its useful duties. Drugs, I am convinced, are of no more avail to the fever patient than if they were administered to an engine wrecked on the line in the hope of re-uniting its scattered fragments.

The history of the drug remedy is the history of its failures in all ages. One dead uniformity of failure reigns over the whole system of physic in every nation, clime, and country. The eye may range through lands and peoples, ancient and modern, near or remote, from Arctic to Antarctic Circle, and there is no oasis where the wearied eyelids may enjoy even a brief relaxation.

Nor is it difficult of explanation. The medicine man, instead of pursuing a straight course, has followed a crafty one. In lieu of seeking out the causes which produced the epidemic or the zymotic disease, and instead of committing himself to the safeguards of sanatory science, he organised a search for specifics to counteract their influences. The physician, or rather the quack of his times, first invented and then vended his antidotes, which were aimless and hopeless, nothing but a fraud upon nature and a deception worked out in the light of day; and it is a story to be told that the physician of our day is "nothing bettered." The recourse to the drug in the presence of the nature treatment of Hydropathy is the one initial blunder of our day which must be put right at once. Physic in itself—that is, the drug remedy—is all wrong, it is a practice without a precedent, either in nature or revelation. True, there are antidotes and specifics

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[1] The belief in physic is a tradition of our race. It is a part and parcel of English life. To eradicate that feeling, to pull up by the roots the cherished convictions of a nation, to oppose a powerful physicocracy in the zenith of its influence, would be to some minds an impossible task. To me the thing is not only possible, but it is capable of speedy accomplishment. I maintain that at the present moment there is a national preparedness for the event It is seen in the fact that the milder forms of treatment involved in Hydropathy, Homœopathy,

in the domain of Chemistry, but then the divine temple of this body is not a crucible or alembic in which fools may play their senseless pranks. It is a splendid temple, gorgeously fitted and decorated by the Great Architect of the Universe, complete as a whole and in all its parts, tissues, and functions. Universal cleanliness, simple food, pure water, fresh air, and healthy exercise are the conditions which protect, expand, and develop that wondrous life within. All else is quackery. Be careless and negligent, feed upon improper diet, alcoholic drinks, water charged with impurities, inhale a vitiated atmosphere in overcrowded rooms, evade the repair of your drains and allow the mephitic vapours into your houses, permit human excreta to collect and pass into decay in the neighbourhood of your homes, be filthy in person and surroundings and the pestilence will evolve,

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and Herbalopathy, are becoming more popular in every direction. Besides this there is a general movement indicative of widespread discontent and disaffection converging to a point, viz., that physic is unequal to cope with the disease-conditions of the people ; and that on the line of improvement, real solid improvement, the physician has not of late enunciated a fact, an idea, or even a suggestion. Jennerism culminates in a specific. Pasteurism winds up in a specific. Kochism has nothing in it higher than the worn-out dogma terminating in the specific—the blood-poisoning of ancient date. All three are doomed to perish, they are the ephemeral intrigues of the charlatan. To suppose that the infinite Creator has brought into existence a primitive law, a disease springing into being and following upon the heels of neglect or disobedience, and that he has at the same time fabricated a specific—an earth, a mineral, or a vegetable poison,—to counteract its influence, is a piece of stupid folly only to be found inside a disorganized cranium ! Why not seek a specific, an antimony, a calomel, a quinine, or a prussic acid, to check the whirl of the maelstrom, to control the tornado, to consolidate the ebb and flow of the tide, or to change the course of the gulf stream ! Order is Heaven's first law. A conspiracy to persuade or compel the stomach to perform the office assigned to the skin is an ungracious and a despotic act, and one that is sure to recoil upon the head of presumption. Medical sophists and pretenders, for ages back, have addressed themselves to the wrong function. The uses of the stomach are sacred to the occult processes of digestion, and he who seeks to divert its operations, or to add to them by the admixture of specific poisons or foreign metallic preparations, does so to the imminent peril of life. When we consider the innumerable deadly poisons manipulated, and administered to that delicate organ, the human stomach, we need not be surprised that diseases are evolved or superinduced, which in their complex forms, admit of no remedy, and in death they pass out of sight buried beneath a convoluted symptom. We sow to the wind and we reap the whirlwind. Medicine, with its long syllabus of antidotes and specifics, is simply the "we" of disappointed and conceited self-seekers in a domain where God alone is the worker, and God alone is great.

The potentialities of the skin functions are forces which show their origin to be divine, and their power to be co-extensive with the real dangers which surround us in our daily duties, and which are incident to the varied conditions of human existence. It was said when the world was young, and it will be re-echoed when the world is old, "It is the Lord who healeth all thy diseases."

Would to God that man had more confidence—infinitely more confidence—in his own nature, and less—infinitely less—in the quackeries of physic.

circulate, and compass the lives of such as are within the circle of its influence. Pestilences will not submit their constituent elements, types, humours, endowments, or moods, subjective or objective, to the tests of the chemist, or the five or the three hundred diameter power of the microscopist. Who ever touched, saw, or tasted, the fetid breath of the creeping pestilential blast? No, these are things material or otherwise which are beyond the sphere of specifics or antidotes; they are not things for man to deal with as he would a dose of poison wrongly administered, and which may be ejected or neutralised by artificial means, or by the administration of opposite chemical substances. Pestilences are God's ministers, not of vengeance but mercy, to teach men that nature's laws are good, unchangeable, and eternal as their mighty Founder, and that they cannot be controverted, debated, or disobeyed with impunity. Obedience, not sacrifice, was the prophet's injunction to the self-trusting potentate of Israel. It is not without its lesson here. "Be clean and live, be filthy and die," is a law written in characters of blood in the history of all peoples under heaven. It is a law that admits of no qualification.

Puny man, ever searching for a mystic cure, and seeing that he cannot find it in earth, air, or water, like a fool, he probes the waste places of nature—the diseases of horse, cow, or rabbit—and engrafts these morbid, "damnable"[1] poisons upon our children!

Egypt, Phœnicia, Assyria, Persia, Greece, and Rome, I thus appeal to you! Had you, even in the darkest periods of your histories, any leprous distilment, or foul exudations, like these as remedies for the pestilence? All are silent. England's physician is his own parallel. Inoculation experimented upon man; vaccination from man to the beast! and back again from the beast to man!

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[1] This term is one I never employed before, and I introduce it here as a quotation; it is from a recent speech in the lower House by Commander Bethell when speaking on the subject of Police "Shadowing" the Irish leaders in the streets of their native towns. The "shadowing" by the public Vaccinator is worse, if anything; he not only shadows, but he prints a mark on you for life. I have this sign of the beast on my own arm. I wish I hadn't. I am utterly ashamed of it. I would give anything to be quit of the insignia. It is a horrid reflection to think that I must appear before my Maker with a degrading mark upon the arm—a connecting link between me and the profanities of Edom! The only consolation is that I was not a consenting party. I would rather my own child had the small-pox twice than vaccination once. I know what small-pox is, and can easily cure it; but no man knows what vaccination is, nor can he control it.

Pestilences have their origin in insanitation somewhere; they are not created out of a vapour; if they come in the atmosphere they spring from districts which are unhealthy and where the conditions are present accounting for their evolution and distribution. In our times, as a rule, *they do not come, they grow.* In 1887-8 Sheffield was one of the most unsanitary towns in the Empire; it had 12 acres of ground covered with cesspools! Smallpox was manufactured on the spot. Sheffield[1] was a hot-bed of disease—conditionable enough to supply the whole of England with zymotics fresh from the oven every morning. No other town was in so bad a case, and only three large towns in the country suffered a tithe of the mortality from smallpox in that year. The total deaths in England in 1888 were 1026, 409 in Sheffield with Eccleshall Division, 52 in Preston, 48 in Caistor, 47 in Bristol and

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[1] My friend, Mr. John Cryer, of Shipley, near Bradford, is a master in one of the Board Schools in the last-named town. He is a very able coadjutor of mine.

One day he noticed a new pupil in the school, a lad of about 12 years of age, when the following conversation was held. "Where did you come from?" "Sheffield, Sir." "How long have you resided in Sheffield?" "For six or eight years." "How many are there in the family." "Six of us, Sir." "Oh then you were in Sheffield during the small-pox epidemic of 1887-8?" "Yes, Sir." "Did any of you have the small-pox?" "*Oh no, Sir, we lived in a front street,*"

It was only *in back streets,* in courts and alleys, and cellar dwellings, where the small-pox paid its courtly visits!

The lad had more sense than to refer the protection of his brothers and sisters to "vaccination."

What a lordly rebuke to the miserable vaccine craze carried on under the very eyes of Mr. Ritchie, the honoured President of the Local Government Board.

Mr. Ritchie, don't you see how these men are "fooling" you? "fooling" the Lords and Commons? "fooling" the entire nation?

"*We lived in a front street*"—Sanitation Street; not the back street—Vaccination Street! or Filth Accumulation Street!

There is not a paragraph in the whole of Dr. Barry's Report on the Sheffield epidemic so full of wisdom as there is in that unsophisticated utterance of the Board School lad! I challenge the faculty to produce me a statement or a fact in that report fit to rank with it.

"We lived in a front street." Yes, take the poor out of back streets, where the air is dank with pestilential odours, the national breeding ground of small-pox, and place them in front streets, and you have done with small-pox epidemics.

Horace says:—"Pale and impartial death knocks alike at the cottages of the poor and the mansions of the rich." Horace did not refer to epidemic periods, or else his passage would have read, "Pale and partial death knocks at the cottages of the poor ninety and two times to one visit he pays to the mansions of the rich." Why? Because the rich live in front streets, and the poor in the crowded back streets, the *cul-de-sac,* the court and alley.

When death takes aim, "every bullet has its billet." The epidemic removes the diseased life of the country, those whom nature and circumstances have certified "unfit"—none else.

We may stop all epidemics by seeing to it that the poor are better housed, fed, and clothed

Clifton, 34 in Ashton-under-Lyne, and 30 deaths in Chesterfield; the remaining 406 deaths were spread over the whole country. In towns where there is little or no vaccination, such as Leicester, Keighley, Dewsbury, Halifax, Oldham, Blackburn, and Gloucester, there was no smallpox at all. What a grand testimony to the truth of my argument! *No vaccination, no smallpox; vaccination at the maximum, smallpox rampant and mortal.*

Relation 9

The Smallpox has been raging in Barcelona for several months back, and in Madrid as well, and there has been a great fuss about Vaccination and Re-vaccination. A friend of mine recently returned from Barcelona having given up an appointment there as the representative of a mercantile firm in London. He said of Barcelona that for insanitation it beat every other town in England, France, Germany, or America, which he had visited. To use his own words he said, "Neither myself nor my wife were ever free from boils for the whole of the two years we spent there—we were always in a state of chronic illness—and in the places where the dead are *stowed away* in the city.—I cannot, dare not, say *buried*,—I have seen centipedes and other creeping things which I never saw outside Spanish territory. Were it not for the fact that the situation of Barcelona, having the Mediterranean Sea in front of it, and the Atlantic at its back, so that for nine months in the year the winds pass over the city and dilute the air, the conditions under which the people live would, if undisturbed, maintain three distinct plagues in constant operation. Beautiful for its situation, its scenery, its clear blue sky overhead, and a soil teeming with luxurious vegetation beneath your feet, yet, with all these natural advantages, Barcelona is a veritable pest-house. I held a good appointment, and if the place had been fairly healthy I might have lived there for twenty years, but no money could tempt me to return. Life in that city is little better than a living death. Blood poisoning is the bane of existence, and from morning to night, indoors or out of doors, you are conscious that the air you breathe is charged with pestilential vapours."

The period to which this Relation refers was in the months of August, September and October, 1890.

After the above testimony, from a recent resident, is it not highly blameable in medical authorities to advise vaccination instead of speaking the truth, and insisting that the city should be placed under sanitary regulations. To vaccinate the masses of Barcelona is undisguised fanaticism—pure Baalism.

What do we see? We see the profession on all sides, in every corner of Europe, fighting the battle of antidotes and specifics, in preference to sanitary science, and sanitation is only linked on to their teaching just in sufficient quantity or prominence to show its existence is recognized. Sanitation as a preventive, and sanatory science as a remedial resource, are both opposed, in every aspect, to medicine. Medicine knows it. Hence the very term sanitation is sought to be covered up under the new-fangled notion of "*preventive medicine.*" The manifesto to be issued to all nations must be headed "No Medicine." The world has had enough of that article!

Of epidemics man's only strength lay in prevention, in seeing to it that the conditions necessary for their production shall never co-exist at the same time and place. How easy to understand are those few words, but they are full of righteousness and truth. Experience, past and present, high priest of nature as she is, and the goddess of truth and wisdom as she claims to be, enshrines her blessing within them. In the presence of sanitation, whose synonym is prevention, the epidemics of the middle ages have disappeared.

Smallpox is the last of the four epidemics which once desolated Europe. Its presence now is solely due to the evil teachings and practices of a Montagu, in the observance of inoculation; and to a Jenner, and his followers, in the sister rite of vaccination. Both these superstitions had a common origin, in blood-poisoning; a common course, in the dissemination of other contemporary diseases, besides the retention of smallpox of which the base of the virus was the germinal principle; and I hope they will have a common termination, a termination in disgrace and infamy. Inoculation, like a pestilence, held its own for three quarters of a century. Its history is one of dishonour and failure. Moore, its historian, says that "millions" perished beneath its invisible yet potent action. Vaccination has capacities for evil as marked, and as fatal as those attributed to inoculation; vaccination laws are yet in operation. Allopathists are the principal, if not the sole supporters of vaccination. Orthodox medical men are exclusively attached to the administration of the law bearing upon it; and it is their evidence that upholds the crumbling fabric. Anti-vaccinators know very well to whom they are indebted for its initiation, its enforcement, its pains, penalties, and imprisonments, to which they have submitted during the agitation now drawing to an end. Allopathy will never look to us for aid or sympathy when its hour of trial, with stealthy steps, shall proclaim the nearness of its merited doom.

All Epidemics and Endemics are due to insanitary conditions. Let there be no mistake on that score. I never yet met with a fever case, whatever the fever, and I have seen them at work in every variety of circumstance for nearly 40 years—a pretty long apprenticeship—but I succeeded in tracing out the first cause, either to personal uncleanliness, to a vitiated atmosphere, to impurities in the water supply,

to the cesspool nuisance, to defective drainage, or to some of their lineage, and if, instead of a host of Medical Men as Health Officers, men who regard it as their duty to produce the germ or the bacteria which in their view has offended Municipal Officialism by poaching on their preserves, we had an army of fairly educated, practical bricklayers, epidemics, in a single generation, would be disarmed and disbanded. This last item were a consummation devoutly to be wished. As it is next to impossible of attainment, considering that medical officers have to live, the only alternative is to turn them into bricklayers, real working men, not drones, by changing the basis on which they are remunerated for their work.

When I wish to discover the cause of smallpox in a patient, it never occurs to me to enquire whether the victim had been vaccinated or not, whether there were one, two, or five marks on the arm, good, bad, or indifferent in their character; the latter things are the stars and stripes of medical buffoonery. No, I go straight for facts. Is that patient's skin in good working order? No, it is in a sad state. Are there any sores about the body where the blood could be inoculated by contact with an infected person or atmosphere?[1] No, none that I

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[1] In the Small-pox Epidemic of 1871—2, a lady's housemaid caught the small-pox. It was a mild attack. She did not leave the house. I called to assist the enquiry as to how she had got it. I said to the lady—1. Is the maid a cleanly girl in her person and habits?—Yes. 2. Is the house in a fairly sanitary condition?—It is in a good condition, in every respect. 3. Does she offer any explanation?—Only to-day. She said that about 10 days before her attack she called at the Small-pox Hospital for a sister who had had the disease and was discharged that night, and took her home. 4. That circumstance of itself would not account for the small-pox unless the girl had an abraded skin or spots in process of healing about her where the blood would be directly inoculated by the germs held in the air of the room. Enquire of her if she can bring to mind any incident of that sort?—The girl cannot tax her recollection with any such facts. 5. To be more particular, please enquire again—*Had she scratches on her hands, face, or neck, where a wound of any kind was in a bleeding state?* This time, I think, we have got a clue to the mishap. The girl is subject to chapped hands in frosty weather, and they are worse on the washing day. The evening she went to the hospital was during the severe frost in the second week of December; she had a hard day's washing, and she says she remembers that her hands bled very much from "deep cracks" on the second joints of her fingers on both hands.

The Small-pox is accounted for, I said, and you will be more satisfied now that a cause has been found which explains the phenomenon.

The attack was mild—1. Because the girl was possessed of a vigorous habit of body. 2. Because the air in the waiting room was constantly changing by persons passing to and fro, and the contagion was not strong enough to infect the system thoroughly. Had she remained there half-an-hour instead of five minutes, her case would have been more severe.

This coincidence shows how careful people should be not to have open wounds

can see. Is the house well ventilated? No, it is deficient in that respect. Are there any foul smells about? The whole surroundings are filthy; the convenience outside is connected with the gable end, and only a 5in. wall between, so you may guess the rest. Is there overcrowding? Yes. Here is your smallpox. Here is the special breeding ground for original specimens. Infection? Bah! don't talk to me about infection. It is "the first specimen" I am anxious to elude. Cleanse the house, ventilate it, and stop overcrowding. Small-pox is a fell disease roused into action by general insanitary associations where overcrowding is a strong feature. I believe that overcrowding is one of the essential and determining causes inciting, developing, and diffusing the smallpox. In all the cases I have seen at Leeds, Oldham, and Sheffield, an overcrowding element was observable; that is to say, the houses were defective in ventilation, limited as to space, and swarming with people of all ages. I have seen no small-pox of any moment outside the area of the above circumstantial sketch.[1]

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in exposed places. Even the scratch of a pin is dangerous in the presence of an infected atmosphere. A piece of Diachylon plaister should be near at hand in every household, or the wound should be covered with a little clean cotton fastened by a bit of thread.

It also shows the danger of Vaccination. Many of the children of the poor go direct home to an infected atmosphere, the blood is inoculated, and from the supervening fever, or its sequelæ, they perish—thousands per annum! Is it possible, do you say? Yes, it is,—out of 200,000 deaths every year of children under five years of age, some thousands of them, doubtless, meet their deaths in the way I have referred to.

The Vaccinator never dreams of the danger of blood-inoculation.

[1] I called upon the Chief Constable of Leeds one evening and preferred the following request, viz.:—"I want a detective telling off to go with me to the Common Lodging Houses. I wish to see how the people live in the small hours of the morning." "It shall be as you require. If you call here at 1 a.m, the detective will be in waiting." I went home and tried to obtain a few hours' sleep, but the prospect of my novel undertaking was too engrossing. I slept not. At midnight I wrapped myself in the folds of a Scotch plaid and started for the police office. Arriving there a few minutes before the appointed time, I found my detective ready for business. Of course we took an eastwardly direction. Detective observed, "We shall have to be discreet as to the representations we make to hide the real object we have in view; so I shall be on the look out for a criminal, and you will have to support me in that bit of deceptiveness. It does not do to call these people up at 2 a.m., and search the house from top to bottom without an adequate motive." "I understand," I said, "and I am pleased to hear that our search is to be from top to bottom." "Well," he answered, "I suspect you do not want to do it by halves."

It was in the month of December, a bitterly cold night, the moon shone brightly, and the stars twinkled in their merriest fashion as we knocked loudly at the door of a "C. L. H.," No. 7, in a narrow street leading out of Kirkgate. In turn we woke up the principals of four of these museums of uncleanness and

If, on the other hand, I were seeking for a cause accountable for typhoid or scarlatina, I should, after satisfying myself as to the personal condition of the hapless patient, as to whether he had con-

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to describe one is to describe them all. The houses were composed of three floors —ground, first, and second—the cellars were only used for coals and lumber. All the rooms were spacious for that class of house, perhaps 15 by 13 ft. Half a century ago the houses were respectably tenanted, no doubt, but they had come down in the world's esteem. The kitchen, which served as a living room for twenty-eight or thirty people from 5 p.m. one day to 10 a.m. on the next day, was in a filthy condition—essentially filthy. Pots and pans of all patterns and sizes were thrown on chairs, tables, and shelves, unwashed, bearing upon their exterior no evidence of having been cleansed since the day they were made; whilst the stocks in trade of a dozen venders of gimcrack varieties were piled up in a corner. Not a crumb was to be seen. Bones of all sizes and odours, well picked, lay scattered about. There was no waste in that domicile. The window was stuffed with bits of rag to exclude the fresh air and "to keep in the warmth," this was a noticeable feature in all the rooms in the house, and very successful it was. But how shall I describe those bedrooms, two on each floor, each one affording sleeping accommodation for seven or eight adults of both sexes, married and single, with sundry "infants in arms" in addition? The latter don't count as lodgers, they are "given in."

These children, the very dregs of mankind, head the list in the statistics of the "*Unvaccinated*" who perish annually in the periodic outbreaks of Small-pox, Bronchitis, Measles, Diarrhœa, Syphilis, and their kinsfolk. Unfit for vaccination —nay, unfit for life—they are the "*unhealthy unvaccinated*" who pic-nic in the *vital statistics* of Dr. Barry and Dr. Buchanan as the "*unvaccinated*," and whose deaths, thus basely certified, go to prop the cranky columns on which Jennerism is sustained, and to throw doubt on the veracity of the leaders in the Anti-Vaccination enterprise who adhere to that representation.

But to return to my story. On opening the door of the bedroom I met with an atmosphere laden with the exhalations from herrings, onions, and compounds not mentioned in cookery books in various stages of digestion and indigestion. In sober sadness, if I had remained in that room inhaling the mephitic fumes, at an elevation of 5 ft. from the floor, there would have been an end of me and my fads in fifteen minutes. I feel quite certain on that point. I could only account for life maintaining itself 8 inches from the floor on the principle that some little fresh air crept into the apartment under the door. The inmates lay feet to feet, covered with the clothes they wore in the daytime, with some small article of underclothing squeezed up into a bundle for a pillow; they were fast asleep, not one showed any symptoms of life beyond the hard breathing of those who were semi-asphyxiated as they slept; but I was destined to learn there was philosophy in the exclusion of fresh air from each of these dormitories.

I enquired of our guide, the female owner of this fever den, why all the bedrooms were so studiously air-proofed. "Oh, yer don't know then. It's just 'ere. If they 'ev fresh air, when they waken up they're hungry; but if they ev'nt,—they're not hungry. D'ye see?" "Yes," I said, with a sigh, "I see." This was my first initiation into the patent method of cheating the stomach, and it was a saddening lesson I learnt.

During the Smallpox Epidemic of 1871-2 I saw these same houses and visited them. Each one supplied its quota of victims to swell the death-rate from the prevailing zymotic, and to demonstrate the fact that the Smallpox is a filth disease, connected strangely with the sin of overcrowding.

And yet there are Simons, Playfairs, Barrys, and Buchanans in any number, diffused in space, saying, "Smallpox is not a disease due to insanitary conditions," thus lying in the face of facts, in the face of Nature, and of God.

Oh, you philosophizing machines, did you ever go, between 2 and 5 a.m.,

tributed to his own hurt or not, enquire—Are there any openings direct into the drains in the cellars or elsewhere? None to be seen. Are there any cesspools in the vicinity? No. Any organic matter percolating through the soil? No. Are there any foul smells in the house and where? No. Then the drainage system is in fault; there is no doubt about that, and in an hour or two my model health officer —my bricklayer- will expose the damaged pipe. I have seen this process so often that it is as simple as a rule of three sum.

This catechism of mine, with slight variations, now and then, applies to all the epidemic and other febrile diseases. The questions are plain and understandable. They unearth all mysteries, nothing

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exploiting amongst the fever-stricken outcasts of Society and the dens in which they live, to watch *how fevers do germinate and grow up in first specimens?* No, I should not surprise you at that game. Of what value, then, is your long-eared theory as to Smallpox not being a filth disease. "Smallpox is a special disease, needing a special remedy, Vaccination." So you say. I know better. Smallpox is a filth disease, it never was anything else. Do you think you can go on deceiving this nation. her Queen, her Parliament, her people, and her poor for ever? Your theories, like Pindar's razors, *are made to sell.* Vaccination is worth so much, so many hundreds of thousands per annum, to the faculty. and the observance must be continued, let the consequences be ever so disastrous. The Vaccinator has said to Evil, "Be thou my good."

Give up Vaccination for a single quinquenniad. and note the result. I will put it into words for you. The Smallpox has left our shores never to return, the death rate has diminished in a surprising manner, the health-rate has advanced in a corresponding degree. and the members of the Allopathic body have purged themselves at last from the grotesque superstition of Jennerism. I bequeath this unfulfilled prophecy as a legacy to the Local Government Board.

To show that Smallpox is a filth disease I call Sheffield into the witness-box. I cling to Sheffield, as Mr. Gladstone clings to Mitchelstown. There's nothing like a big broad fact to hurl at an enemy when you know he is misstating events or statistics to cover his own failures. So I refer to Sheffield, a town where, in 1887—8, there was a fatal epidemic of Smallpox; a town reeking in its own filth, vaccinated up to 95 per cent. of the births: a town with, perhaps, ten anti-vaccinators in it, just enough to save it from the fate which befell the Cities of the Plain in the days of Abraham; and a town where all who perished were either vaccinated or *unfit* for Vaccination—the last-named were as good as dead to begin with—not one healthy "unvaccinated" person perished in that epidemic! Not one! What, then, becomes of the Official Report of the Sheffield Epidemic and of the statistics inside? Nothing, the thing—the book,—I mean, like Pindar's razors, *was made to sell!* 'Tis a Report crimson'd in falsehood.

I call Leicester and Keighley into the witness-box. I could call several other very populous towns if I stood in need of their evidence. Neither of these two towns, in 1887-8, had any filth, any vaccination, and the Smallpox, like the Levite, passed by on the other side.

A thriving trade in filth and vaccine—means plenty of Smallpox.

No trade in filth and vaccine—means no Smallpox.

You Local, but illogical Government Board, what say you to this indictment?

"Ephraim is joined to idols: let him alone."

escapes their meshes, and I never knew them to be abortive. With either formulary in his hands, any sensible man ought to make a good health officer, but with his eyes and nose well trained no fever cause can successfully evade the enquiry or conceal its origin. I defy it do either one or the other. The exception proves the rule.

But when a Medical Officer of Health sets out to investigate the state of things he is the wrong man. He has had no training in sanitary science. In this field, where discrimination and inventiveness are indispensable, he does not know a hawk from a hand-saw.

Relation 10.

In or about the year 1871 Dr. D. M. Douglas (now of London, then of Leeds), had his residence next door to the building in which I had my offices. I was told that his children were down with typhoid fever. One Saturday morning, about noon, I met him in the street, and he said, "You have heard, I suppose, that I have typhoid in the house. I am at a loss to know what is the cause of it." "Well," I replied, "*you* ought not to be in any difficulty on that point." "I wish you would come in," he urged, "and give me what help you can." I went in and accompanied him into his studio. I observed, "Now doctor, you will not be offended at the questions I ask you." "Certainly not," he answered. "Were the children, physically, in a sound and healthy state?" "They were," said he. "Then," I interrogated, "do you consider the house well ventilated." "Yes, perfectly." "Have you noticed an unpleasant smell from the pipes connecting the convenience on the first floor with the drain below?" "None whatever, and I am satisfied there is no defect in that quarter." "Then," I said, "the fault is in the drain which passes under the kitchen into the back yard. We will go below, if you please."

The maid was washing the kitchen floor, and I observed that the floor consisted of old flags laid in utter disregard of proper care, the interstices between them being nearly half an inch in width. I said to the girl, "Do you ever experience a disagreeable smell arising from the floor when washing it?" "Yes, Sir, I do," was her immediate response, "and I smell it most down the middle of the floor." "There is your typhoid fever, Doctor," I remarked, "the fact is that the drain is defective, not perhaps wholly obstructed, but injured yet so as to allow the liquids passing through to penetrate into the soil, hence the smell." "What shall I do?" he enquired. "Go at once and speak to your landlord and ask him to send a labourer to take up the flags, and see where the mischief is? I will wait your return." He went and saw his landlord, who refused to do anything, saying the drains were in sound repair. The Doctor was evidently nonsuited. I said to him, "the law will support you in ordering workmen to take up the flags, and if out of order, to repair the injured pipes, and you can deduct the whole cost from the landlord when you pay your next half year's rent." He determined to act upon my advice. I further observed, "I am so certain that you will find the drain pipes in an injured state, that if I am in error, I will undertake to defray the expense to which you may be put."

Early on the following Monday the workmen took up the flags, they found the pipes very much damaged though not quite closed up, and they carted away nearly two tons of soil saturated with offensive matters from closet and sink.

I believe this was the Doctor's first lesson in sanitation. Before our interview he had apparently little idea of connecting the typhoid with some present unsanitary environment. His idea, like that of the faculty in general, was that the typhoid "*came*," and not that it "*grew*." It was a rude awakening for a medical man. But it was not likely that one case, even when that arose in his own household, would transform him into a sound sanitarian. To be fair to him he had some vague notion that typhoid was due to insanitation, or else he would not have solicited me to assist him. Had he asked me earlier he might have saved himself much anxiety on account of his children.

Two of the Doctor's children had the fever. And both the cook and housemaid had severe attacks also, and were removed to the Leeds Infirmary. In the end all of them recovered.

I say that for every fever case there is a cause equal to the effect, and discoverable without much delay or trouble. If the profession were sanitarian we should have done with the scare-crows of "infection" and "contagion" from the person, and by the spread of intelligent views on these every day subjects the people would be more alive to the dangers of defective drains—"to be fore-warned is to be fore-armed."

It is idle talk to refer fever cases to infection, and more so when you cannot trace the infection up to a true source. In by far the greatest number of instances, the fever is a first specimen originating in some insanitary state, either in the patient or his surroundings, and is not occasioned through infection evolved by any other patient living in the neighbourhood. It saves trouble and time by referring all cases to infection, instead of diligently investigating each new invasion of fever, tracing its history, and gaining some practical lesson out of the event.

The physician does not care for the public to know too much. The origin of the fever must be ascribed to some mysterious bacillus which science will one day microscope, and not to such vulgar causes as over-crowding, studied exclusion of fresh air from our sleeping rooms, neglect of the skin and the recuperative forces residing in it, bad drainage, or in other sources of blood-poisoning too numerous to particularise.

Now when I say I would transmute medical officers into bricklayers, I simply mean that if their interest were in health, not in disease, they would naturally write out for themselves a formulary similar to the one above denoted, and, like the bricklayer, they would know where to look for the homely author of the Epidemic. When the medical officers stumble on a smallpox patient they at once begin to examine the arm, to count the number of marks, to criticise their foveation, and to see whether re-vaccination has been performed or not, and from such enquiries they form an opinion as to the exciting cause of the fever. Not one of the queries I have suggested reveals itself on the discs of the medical officer's eyes, or escapes from his lips.[1]

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[1] You cannot expect a medical man to be an accomplished Sanitarian. He has had no education in Sanitary Science. Before he can be a true Health Officer he has to turn his mind "inside out," to forget three-fourths of what he knows,

He takes his stand on this platform, viz. : vaccination is a protection against the smallpox, but if the smallpox is there in fact, then it is attributable to inefficient vaccination, or the absence of re-vaccination, and thus he goes on blundering and to blunder until his errors are exposed and he is brought to his senses.

Again, in the case of Typhoid Fever the medical officer is generally on the look out for squalls. Perhaps a few cases occur in his district the consequences of his own inattention. He at once enquires where the milk supply came from. He must see the place ; it is a few miles in the country, a pleasant ride, scenery lovely, and if, oh, if he should find the milkman's child in the typhoid fever, from any cause, what a God-send it is to him ! This coincidence happens ; he drives home at a rapid rate, his heart in his throat, blood tingling through artery and vein, distended chest, flushed cheeks ; for once he is a hero—to himself ! Woe betide that milkman. A hasty letter is written and left in the local Editor's Box, announcing the discovery of the source of the Nile—no, I beg Mr. Stanley's pardon—of the out-

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or thinks he knows, and to be a teachable, industrious student in the paths of 'common sense."

I say that medical men, in their present state, are entirely out of their sphere as Health Officers, because their education, proclivities and instincts, lean on the wrong side—up to antidotes, specifics, drugs, decoctions, and their like. Hence you see them promoting Vaccination instead of Sanitation ; teaching that the Typhoid germs in milk, instead of the insanitary conditions around him are the originators of Typhoid outbreaks in districts under his charge ; consenting to Pasteurism, instead of Sanatory means, as a remedy for Hydrophobia ; and he is the steady advocate of carbolics, disinfectants, balsams, cordials, and, lastly, of dog-muzzling ! All this error, enough to drive a people mad, is the offspring of the bad teaching and worse practice of empirics in ages past.

Œsculapius ! Hippocrates ! and Galen ! ye Greek Fathers of Physic and Mysticism, ye are responsible for much mischief in that ye sought for antidotes, specifics, and human devices, instead of looking into men's physical constitution, the skin functions, and into the action of hot air, cold or tepid water, and general bath appliances—nature's remedies. The little ye said about water was only lip service.

Priessnitz, the Silesian peasant, in the brief space of twenty years of teaching dating from 1823, did more to set man right with his Maker, to justify, as it were, the ways of God to man, to lead men to trust in great principles affecting health, and in simple remedies with regard to all disease associations, than Physic has been able to do in 2000 years ; the former cured his patients ; the latter tampered with them and tampers with them now, playing at hide and seek with death.

We have to divest ourselves of all hope in Medicine, to turn our backs upon Physic, and to worship for the future in Nature's greater temple.

I can see that Medicine will be hoisted with its own petard. The antidotes and specifics in which they trust will yet involve that body in irremediable ruin. Vaccinators will be impaled on their pet prophylactics, on the points of their own lancets, and there will be no bystander so poor as to regret the circumstance.

break of the Typhoid Fever. Then he hurries up to the Town Clerk's office, to acquaint that official with the state of affairs. The Sanitary Committee is summoned at short notice, and in wonderment that conclave expresses its gratitude to the Health Officer for his acuteness in pouncing upon the guilty germs. Notices are sent to stop the supply of milk. The milkman is brought before the Magistrates upon information duly laid, lectured, threatened, and fined. Whereas the whole thing is a mare's nest, a piece of stage-acting. The real sinner is the official who mistook a coincidence for a cause, rather than expose his own carelessness. Truly the milkman was the scape-goat to carry the official's sins into the desert of municipal forgetfulness. What was the official doing to allow typhoid in his district? Did he not know that it is an absurdity to suppose that the milk could carry germs of typhoid? Of course he did; but "any port in a storm." The typhoid milk craze keeps up the delusion that fever germs are the things to search for, and not insanitary conditions. Hence the excitement when a scientist has ferreted out a new bacteria. Commend me to the man who cannot discover a bacteria, or a germ—whose genius by sanitary measures prevents the birth or development of either one or the other.[1] Any country doldrum can *discover* the bacteria on her master's meat; but it requires watchfulness all day long on the part of the cook to prevent the blow-fly from gaining admittance to her larder. Against all fevers our motto is—"*prevention.*"

Relation 11.

A gentleman entered upon a farm in Lancashire which had been much neglected. The house was old fashioned, but well built. The drainage

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[1] I see nothing in the past of Medicine to lead me to conclude that a complete revolution in thought and practice, such as that involved in the abandonment of the drug practice and in the substitution of Sanatory remedies, are objects within the scope of immediate attainment. We may argue, the Medicinists have to act. We may suggest, they have to apply. We have to seek for Parliamentary interference, if need be, they have public Acts and Charters in possession. We ask for free medicine practically; they are protected and enjoy all the advantages and emoluments of a trade monopoly.

Whatever the forces arrayed against us we shall win, because the issues at stake are health, life and death. The public can afford to endure injustice in trade or fiscal arrangements, and bide their time. Not so where health, life, and death are involved. Health is so precious, life so valuable, and death so inevitable, that the pecuniary interests of a class, totally contingent upon public patronage, will soon be turned topsy-turvy in the struggle for freedom and for life.

was carried through a field in front of the house, some 18 inches below the surface, into a cesspool at the low corner thereof. This cesspool was emptied as often as became necessary. In times of drought the drain was water-logged, and the smells in the house occasioned much annoyance, the opening in the sink had to be watched and the connections in other parts of the house were supervised very frequently. However, no mischief happened to any member of the late household. Fresh air and a hardy physique enabled them to resist that, which, under other circumstances, would have entailed a violent typhoid. Instead of the system of drainage adverted to, the new tenant fixed his mind upon a dry earth closet, took up the drain under the kitchen, the garden, and the adjoining road ; and he filled in the cesspool, hermetically sealing up the drain at both ends. The drain cut the field diagonally, and being about one-third of a mile in length, it was then allowed to remain undisturbed. This was the error, the drain should have been cleansed and filled in throughout its entire line.

In process of time, in consequence of some depression in the soil, an opening occurred in the drain near a point where a footpath crossed the field. Many complaints were made from time to time about the noxious effluvia from the death-trap so scientifically constructed. Those who knew of it made a short detour, or "stopped their breath" till the dangerous spot was left in the rear. This arrangement was endured for years, until at length an incident happened which roused the neighbourhood, and the farmer had to set to work, at a most inconvenient season of the year, to remove the nuisance.

A young lady from town, out of health, went to visit the clergyman of the parish for the benefit of the country air. In her walks she crossed the open drain, and the smell from it brought on a malignant typhoid from which, however, with much attention, she eventually recovered. When she reached home that afternoon she said, "I experienced a bad smell from an open drain in the field in front of the farmer's house near the footpath, and I cannot get the smell away from my stomach."

In her depressed state of health the natural forces of the system were no match for the concentrated germ of typhoid poison, and she fell an easy prey to influences which in health would have been innocuous.

The above Relation explains why zymotic diseases affect the poor to an infinitely greater extent than the "well to do" sort of people, and why the poison of the vaccine virus occasions such fearful havoc amongst the children of the lowest stratum of society, and is at the same time comparatively harmless amongst children living under fair sanitary surroundings. It is not, therefore, the mild or virulent condition of vitiated atmospheres, in epidemic or non-epidemic times, which is so alarming, as the circumstance that there are so many amongst the poor whose offspring, badly fed, dirty, ill-clad, and possessing non-resisting power, are in fact in a continual state of morbid preparedness for any attack of fever with which they may come in contact.

Of the originating source of first specimens of Scarlatina and Typhoid Fevers I am inclined to think, without being dogmatical, that

the former are evolved by the injured drain pipes connected with the sink, or the neighbourhood where vegetable matters, grease, &c., are deposited and found in process of decay; and that the latter proceed from the accumulation of human excreta in defective pipes connected with the closets, or from exposed human excreta undergoing putrefaction, or from smells from open or perforated drains. It may be a fanciful definition, but in every case where I have personally traced out the Typhoid Fever (some seventy-five cases), the exciting cause was found in and around the disconnected pipe conveying the excreta from the house, or in smells from open drains. In the impregnated soil in the immediate neighbourhood of the damaged pipe, in Typhoid cases, although the smell was sickening, I saw no indication of life. What a microscope might have revealed I know not. The seed, sporule, or germ, may not be perceptible, and it may be carried back up the drain pipe, mix with the air we breathe, and inhaled in sufficient quantity, it produces its like—the Typhoid. My experience was different in the case of Scarlatina :—

Relation 12.

In one instance of Scarlatina, *within my own experience and in my own house*, I am inside the mark when I say that myriad masses of life were forced out of the drain pipes. The pipes were $3\frac{1}{2}$ in. pipes, and for two yards on each side of the damaged pipe they were choke full of a grey-coloured mass of "living matter," the sharp, acrid stench from which I can never forget. This life may be the cause of the fever an effect, or it may be totally independent of it. The men were continually plied with gin and water whilst engaged in this unenviable duty—that was their disinfectant. From the commencement of the mischief in the drain pipes up to the period when it culminated in the Scarlatina Fever, the water emptied down the sink found a channel for itself where it filtered away, leaving the more solid portions behind as food, I suppose, for the wonderful mass of life within. The damaged pipes were only about five yards distant from the aperture in the sink, and the pipe passing through the wall into the drain outside was not disconnected so as to allow the water to fall through the atmosphere into a trap in the surface soil—a marked defect which I rectified with becoming despatch. Six of the children and my wife had the fever, but their cases followed each other so closely as to demonstrate that they had all been infected at the same time from the original source, and not one from the other. There was no infection about. I took care of that. Myself, my eldest daughter, and the servants escaped. I treated all my children hydropathically, and they went through the disease without any crisis or sequelæ, excepting the oldest boy, the first to suffer. He had a sharp attack of mumps. It was my own fault in not giving him an extra "pack" or two to draw away the residue of the poison from the blood after the fever was checked in its course. It was my first case. The others I managed better. When the fever is arrested the dead matter in the blood must be wholly removed by the skin process, otherwise it will turn up again to give trouble in some other shape. Great care must be exercised in this matter.

Smallpox (like its fellow zymotes, the Typhoid, Scarlatina, &c.) does not *come*, as I have before observed, it *grows*. Why in one season the Typhoid should prevail, in another Scarlatina, in a third Bronchitis, a fourth Measles, a fifth Diphtheria, a sixth Diarrhœa, and a seventh Smallpox, is a mystery which we may never be able to fathom. The law which determines the character of an epidemic in any year is an unobtrusive law, working out its ends from day to day with slow but certain step. It is a law which, like gravitation, or that which governs the motions of the heavenly bodies, is unrevealed and undiscoverable. It matters not because if we knew it we could not escape its operation, neither would it be wise to do so if we had the opportunity. It is a penal law whose action only follows in the prescribed orbit of negligence or disobedience. It is, therefore, a wise and merciful arrangement of the Creator, and in its sphere it doubtless prevents a wider calamity. Smallpox does not run a muck at Society in general. It does not strike right and left, here at a strong man, there at a weak one; here at a family living in healthy, and there at a family in unhealthy surroundings; and to-day at the mansions of the rich, and to-morrow at the cottages of the poor. The epidemic has no such general mission now. It is armed with special instructions. Its mandates are all addressed, name, street, and house, and the charge is written in legible handwriting, bearing the seal of the King of Kings.

In the Middle Ages, when the houses of the rich were as unsanitary as those tenanted by the poor, and the habits of the people were alike unhealthy—no drainage, cesspools in active work, impure water, bad ventilation, and streets and yards reeking with the odours of decaying animal and vegetable substances—the epidemic attacked people of all shades and degrees, and the memory of the indiscriminate mortality still survives and distinguishes the traditions of the peoples of the earth.

Sanitation has changed all this. Vaccination has had no hand in it, it is a contributor to the mischief it offers to prevent. The epidemic in our time only attacks the units who are still no better than the masses were two centuries ago. Every warrant served to-day is specially endorsed. The fever removes the diseased life, the weak, the resistless, the unstable, the tainted, and the unfit. Depend

upon it the Small-pox has no more power to attack a healthy unvaccinated person than it has the power to wrestle with the highest peak of the Alps. I say "unvaccinated" advisedly. The vaccine communicates the virus whose base is Small-pox, and the taint, instead of being a protection, is a source of danger during the whole of life, and especially in epidemic times. Hence it is now a matter of historical record that the first person to fall before the advance of the Small-pox, or to act as the herald announcing the approach of the epidemic, is a duly "vaccinated" individual, and during the whole course of the visitation it is the "vaccinated" and the "unfit" who perish, the great unvaccinated, protected only by the natural vigour of a sound and healthy body, escape altogether. This is as it should be.

But to return to my argument. Sanitation has done so much for us that an epidemic is robbed of its ancient terrors; it can only attack those who have a weak constitution, and who, by indulgence, neglect, disobedience, and disease, have courted their fate,—and the fittest survive. And this fact is so patent to the observer that each mandate challenges acknowledgment in these terms:—"See what I do? Is it not right? I remove the weeds that the healthy plants may become stronger."

I have seen scores, nay hundreds, of cases of Smallpox, Typhoid, and Scarlatina, but I never met with a single instance where I could not find out the special cause in uncleanness of person, in unhealthy domestic entanglements, in defective drainage, in the soil saturated with liquid matter from the cesspool, in impure water, or bad ventilation; in vaccination, or its effects, or in fair cases of contagion, or in the general neglect or disobedience of wise sanitary laws. With an unerring instinct the Epidemic, or Zymotic, follows the track of insanitation, or disease, and it seldom diverges from that line of sight.

The propagating matters of the fevers chiefly consist of miasmata or exhalations from vegetable or animal substances in a state of decay, or from the secretions or excreta either from the healthy, in unwholesome situations, or from the sick whether in miserable and unsanitary conditions, or otherwise. The morbid influences of these poisons change their character and intensity either from the environment of the subject, the varying temperature or humidity of the atmos-

phere, or from his own physical depression at the time of the seizure, and it is these conditions and their admixture which determine the form of the disease, smallpox, typhoid, scarlatina, etc., and its power on the human body during the course and termination of its action. Were it not so an epidemic would destroy all within the sphere of its influence irrespectively either of their domestic environments or their physical condition. Instead of this the epidemic is more merciful, selecting one, two, or three, here and there, and in its manifestation it frequently skips from one house and one street to another, and occasionally it passes scores of houses, and street after street, to settle down again in a locality where its special mission finds a home ready prepared for its fertilising propensities. It is this selection of persons, houses, and districts which exemplifies the fact that the range of fever in its type, duration, and extension, is subject to complete control, personal or municipal.

Where in ages past it used to be said, "None may escape scathless," it may now be said, "All should escape scathless." Epidemics, all Epidemics, in response to widespread sanitation, have totally changed in their main features, and an Epidemic of any kind in this country ought to be impossible before another decade has passed away. But different forces to those which are in operation now will have to be brought to bear upon the situation before that can be accomplished.

The principal matters requiring immediate attention are these, viz :—The poor, the lowest stratum, must be better housed, better fed, better clothed. The nation will have to regard itself as one great family, the richer members being obligated to protect the indigent. To see that the poor, amongst whom Epidemic influences originate and spread, are housed, fed, and clothed, even if this has to be done by the State, and provided for by special tax, will be cheaper in the long run than to deal with them as the sport of epidemics, of disease, poverty, wretchedness, and crime. Prevention is always better than cure. In any case the cost is visited eventually upon the industry and wealth of the country. It therefore becomes a simple question,—Which is the cheapest and safest course? To deal with poverty directly is far more economic than to deal with it indirectly. The money spent in the administration of justice, in our costly gaols,

and their management, if spent under wiser organizations, having reformation and prevention for their ultimate object, would be infinitely more productive, more beneficent, more permanent. Into the details of such a scheme it is outside the scope of this work to enter. One or two general remarks remain to be stated.

It is, however, a very important point gained to establish the fact that Epidemic influences have their rise and development in insanitary conditions, and wholly amongst the very lowest orders of society, and that the dread of the Epidemic extending itself to the healthy labouring classes, the middle or upper classes, may be discarded, so that the able-bodied and the wealthy may now dispose themselves and freely assist in raising the lower classes of our people above the depressing influences of all Zymotic diseases without any fear of sharing in the calamity by so doing. Poverty, degradation, misery, and wretchedness, do not come by choice, but necessity. Diseases, insanity, and like evils, do not come by voluntary selection, but by stress of circumstances. A great per centage of the ordinary diseases which here claim medical attention, are the result of a foodless stomach, a naked back, or a shelterless, comfortless domicile. The nation has hitherto met this state of things by antidotes and specifics, by prisons, penalties, police, asylums, lazarettos, and dispensaries. Prevention is not the object of such like agencies ; no, in one way or another they range themselves, not intentionally I admit, but still in effect, under the head of punishments, injustice, and wrong. The day may not be so far distant when many of our public institutions will be devoted to very different purposes—some as public dormitories for the needy, and others as cook-shops where pea-soup, rye bread, and dainty vegetables may be dispensed instead of the stones, earths, and serpents of a medical practice benumbed and palsied in decay.

Whilst it is, therefore, important to be vigilant about sanitary matters, it is of greater importance to see to it that the children of the poor are well fed, clean, and warmly clothed. If this were attended to, as it should be, the nation would receive its immediate recompense by a corresponding diminution in pauperism, crime, drunkenness, insanity, and wide-spread diseases, and the many other painful and harassing evils, which, like a canker-worm, are eating their way into the inner life of society. A task of such proportions is no passing

obligation of a county council or a municipal authority. No, it is rather a duty which falls upon the whole nation. It calls for a general rising of the people in full force to cope with this matter in the supreme interests of humanity. The splendid organization under the control of Gen. Booth shows what the lower classes can be taught to do for their own emancipation from the curse of intemperance and its accompanying immoralities, when they are approached by persuasion and the still greater controlling influence of a personal and exemplary life. There is work here for many men to gather up the fragments of a misspending life; for mothers and daughters to divert the time now allotted to frivolous pursuits; and for our young men to relinquish billiards, smoking, alcoholism, theatres, and music halls, and to occupy themselves in an attempt to perform their duty to the children of the poor resident in their immediate precincts.

The nation may spend its thousands in carrying out a severe system of compulsory education; ministers of religion may preach and practice what they preach; and sanitarians may exhaust their resources and contribute largely in aid of sanitary work; but it will all avail little so long as such masses of the poor want bread, clothing, and a comfortable fireside for warmth and shelter. Much has been done in this direction; more remains to be done. No man, woman, or child in England should ever retire to rest with an empty stomach for a sleeping companion, or without a pillow on which the weary head may obtain a night's repose.

Oh ye millionaires, who in a great trade crisis subscribed eighteen millions of money to save *one* firm from ruin, how much will ye give to save *three millions of people* from intemperance, smoking habits, vicious surroundings, involuntary idleness, misery, disease and death? How much?

There are five points which present themselves to public notice, viz:—

1. To abolish vaccination.
2. To abandon all confidence in physic, in antidotes and specifics.
3. To lift medical men up to a platform where their interests will be in health, not disease.

4. To establish for all febrile and other diseases a nature treatment, simple, natural, and uniform, based upon the principles of hydropathy.[1]
5. To form a national organization, supported and maintained by national funds, really to carry out on a grander scale the principles and the objects advocated by Gen. Booth in his "Darkest England." Two millions of money per annum spent in elevating the condition of the poor would be the most economic investment into which the nation could contract itself.

Prevention, I repeat it once more, whether in disease-causes, pauperism, or crime, is always the safest, cheapest, and wisest course. Physic, Poor Laws, and punishments are the antidotes and specifics of an age not at one with itself.

To raise the poor above the pinch of poverty, and beyond the reach of epidemics, were a task in which an angel might compete,—these people should be reformed, not punished; they do not need physic, they want bread.

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[1] Medical etiquette, or professional prejudices, must not stand in the way, or determine this or that method of treatment unless it has been proved to be of the highest order, and any suggestion, I care not from what quarter it proceeds, ought to be seriously considered. I am sorry to say the Allopathic practice admits of no principle so commendable. Exclusiveness is written on every page of their journals, and "no surrender" is inscribed on the title-page of their published works. A medical priestcraft is growing up around us which seems to threaten the highest interests of humanity.

Sanitary science protective, and sanatory science remedial, are twin sisters the guardian angels of mankind; but the faculty are seeking to dethrone sanitation in its two-fold application, and to put the crown on to the head of an illegitimate foundling they have recently aborted under the title of "*Preventive Medicine.*" Humanity is sick of medicine, hates the very name of it, and rejoices to reflect that redemption from its influence is now within its purview.

CHAPTER II.

ARGUMENT.

That the Faculty have no Specific, or Treatment, for the Smallpox, nor for any of the other Eruptive or Common Fevers.

THE Allopathic faculty have no treatment for any of the eruptive fevers.[1] Admittedly, the Doctor can only occupy his ordinary posi-

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[1] The Eruptive Fevers are effects of some morbid action in the body, they are symptomatic, not causative; but symptomatic of what? Why, of blood-poisoning. And there is a definite cause, could we only unravel it, for every individual case of fever. In each instance where I have set myself to detect the exciting cause, the unsanitary element accountable for the fever, I have discovered it. I refer to this again in order to impress the fact upon the student's mind. In one case—a solitary one—out of hundreds, the discovery was not made until three years after the patient's death. Of all the instances which have crossed my path this was the most novel.

A young lady, under 20 years of age, the sister of a friend of mine, resident in a Northern County, died of small pox during the Epidemic of 1871-2. Her father was in affluent circumstances, lived in a healthy neighbourhood; the house was well built, the drains were faultless, and the girl had never been in any infected district, nor had she seen any person in the disease. Her death, or rather the exciting cause of it, was shrouded in mystery. It made me think, with Hamlet, that there were more things in the world than were dreamt of in my philosophy. I kept the record of her death in memory. About three years after this event I was discussing my "fad," as Mr. Bright would have called it—of course I refer to the A.V. question—with a young lady acquaintance. During our conversation I incidentally mentioned the above instance, saying I should never rest until I had laid bare the cause which had ended in her untimely decease. The lady answered me thus,—"Sir, I can settle your doubts, and explain to you the cause which brought on the fever." I said to her, "I am all ears to listen to the narrative; pray go on." "Well then, I must tell you that I was at a Boarding School with the lady you speak of for three years. She was one of those girls, few in number I believe, who have a strange aversion to water. Her face, neck and arms were white as the driven snow, but the rest of her body was never washed from year to year, and the skin was in a most unhealthy condition. Her death caused no surprise to me, and I think your difficulty will vanish with this brief recital." "Yes," I replied, "I see it, but I could almost wish you had not told me." "Why so?" my young friend enquired. "Evidently for this reason that I do not care to recall the event, and to think that a beautiful girl should hold a secret compact with uncleanly habits. The small-pox found out her sin when no one else knew it but you." I reasoned with her in my way," said my friend, "but we were thoughtless girls, and I did not think of the mischief that was being stored up, or else I should have acted with greater firmness in her behalf. I regret it now."

tion at the head of the bed and watch the fever "run its course." He does not pretend to be able to arrest the fever at any stage, or to shape its end by *active treatment.* Neither he, nor his remedies, have any *locus standi.* The fever attacks the patient, attains its crisis, "runs its course" unchecked, and where is Medicine? It is watching hard by to see what sort of a mess the fever will make of the patient, and this is all it can do! Yes, all it can do in an age, and amongst a people, where, *in every other sphere*, there is change, progress, and excellence.

What proof do I offer to substantiate the statement?

In 1887, Messrs. Cassell & Co. published a work entitled, "The Family Physician, by Physicians and Surgeons of the Principal London Hospitals." I refer to this work because it is the last pronouncement on the prominent subjects with which it deals, and it claims to be, and is as authoritative as any such work can be. On Smallpox, the writers say, "*We know of no cure for smallpox, and the disease must be allowed to run its course,*" p. 508. On "Yellow Fever" they are equally luminous—"*The disease cannot be cured, and all we can hope to do is to guide the patient safely through it,*" p. 568. On "Fever and Fevers," the same acknowledgment occurs—"*It must always be borne in mind that we have no specific remedy for any of our common fevers. We cannot hope to cure them, and in many cases the object of the treatment is simply to conduct the fever to a favourable termination, and to ward off any intercurrent disease,*" p. 536.

These admissions, full as they are frank, are of priceless value to my work. They have saved me a world of argument, a multitude of minor references, and an infinity of labour. "The Family Physician" is a compendium of "*physic up to date.*" In its production it has been a very costly undertaking, and its large circulation must have yielded a proportionate profit.

From the fact that the statements I have given are made in terms at once explicit, comprehensive, and authoritative, I am under no obligation to adduce confirmatory evidence from other works. I shall content myself by saying that the admissions have greater weight coming as they do from a work having several authors, rather than one. If written by one author, the profession might turn on me and say—"This physician only represents himself; his opinions are not recognized by the faculty." But here is a work written for "Family"

use, published by one of the first firms in the kingdom, and the authors are the physicians and surgeons of the principal London hospitals.

Then, again, the admissions are not made for the first time, not by any means. Dr. Quain, in his Dictionary of Medicine, published in the year 1882, expresses the same ideas, but gives to them a far wider application. He says, at p. 1443—"*There is no specific for smallpox, its complications, or sequelæ, and the treatment is therefore to be conducted on general principles.*"

Considering the statements as a whole, it is clear the faculty have no specific, or special treatment, for any of the fevers, their complications, or sequelæ, and this is shown by the fact that there is a concurrence of medical opinion on this most important point, that all fevers must *run their course*—1. Invasion ; 2. Domination ; 3. Decline ; and I must add, 4. Sequelæ.

When fevers "run their course" there must be Sequelæ more or less severe.

The treatment of Fevers by the faculty is symptomatic, not vital. *Symptoms* are treated—if treatment it can be called—but no attempt is put forth to arrest the fever, and that is the *vital* point, the *alpha* of all fever treatment.

Some one may urge—The faculty may not have a specific, but they may have a treatment. The word *specific* here includes specific or other treatment, because it is admitted, "We know of no cure, and the disease must be allowed to run its course." If the faculty had a cure for any of the "common fevers," they could arrest the fever at the first stage—invasion—or at any subsequent stage. But as they have no cure, the Fever is subject to no control, runs its course, branches off into more serious troubles included in the term sequelæ. Now the sequelæ are more portentous than the fever itself—*they terminate in organic diseases affecting the brain, heart, lungs, stomach, bowels, spleen, bronchial tubes, etc.*, and swell the death-rate from convulsions, heart disease, pneumonia, diarrhœa, bronchitis, atrophy, cancer, etc. The term "specific," therefore, may be regarded as a synonym for "treatment." The faculty all round display a liking for ambiguity in the use of technical terms.

Taking the admissions *seriatim*, they arrange themselves as follows :—

1.—We have no cure for the Smallpox.
2.—Smallpox must be allowed to run its course.
3.—The Yellow Fever cannot be cured.
4.—All we can hope to do is to guide the patient safely through it.
5.—We have no specific remedy for any of our common fevers.
6.—We cannot cure them.
7.—The object is to conduct the fever to a favourable termination.
8.—Or to ward off intercurrent disease.
9.—There is no specific for Smallpox, its complications, or sequelæ.
10.—The treatment is to be conducted on general principles.

Before proceeding with my argument, I would observe that in admission No. 2, the wording is that the fever must be "*allowed* to run its course." In No. 4 "allowed" becomes "guide," and in No. 7 and 10 it becomes "conduct" and "conducted." I do not wish to distort, or to "take a rise" out of the meaning of a word, but I would urge that the different words employed here mean the same thing, viz., the fever is allowed to "run its course" without the physician being able to arrest its development from bad to worse at any successive stage; that being so there is no guiding or conducting in the matter. The attitude of the physician is a negative one, and not an active one. "We cannot cure them." It is a fatal admission. It is the death-warrant of Allopathy, and equally so of physic, the drug, in any form—Allopathic or Homœopathic.

Again, Dr. Quain says, "*There is no specific for smallpox, its complications, or sequelæ.*" He might have extended this admission beyond the limit of Smallpox, to all the eruptive fevers, their complications, and their sequelæ. Possibly Dr. Quain, or the physicians and surgeons of the principal London hospitals, or both, in other parts of their works may make admissions co-extensive with my suggestion. Whether they do or not is a matter of small concern to me. Speaking of all the common fevers, the physicians and surgeons say, "We cannot cure them." This admission proves my argument to the utmost limit of my requirements. Physicians and surgeons who cannot cure a fever, would scarcely venture to say they could cure the sequelæ. That would be too absurd.

I well remember my first private lecture in the surgery as to the treatment of fevers.

Relation 13.

I had been out all day with the junior partner amongst the child patients, some twenty or thirty of them. They were nearly all fever patients, fevers, "their complications or their sequelæ." The term sequelæ covers a wide expanse of disease, including many of those which are classed as falling within the domain of "surgical cases," and there are, I may say, few troubles, comparatively speaking, amongst children which are outside the category of fevers, their complications or their sequelæ. On nearing home my principal observed, "Next week I shall hand all these cases over to you." I did not feel comfortable at the prospect. Just imagine a student, after a day's experience, to be told that the lives of the patients he had visited were to be transferred to his care. However, the transfer was carried out in due form. During the evening I said to him, "I think the entire charge of these patients is a responsibility I am scarcely equal to." "Sir," said he, "*do not imagine you are coming here to cure disease. Nature is the great physician. All that you have to do is to stand by and watch the cure. We have no treatment for any of the fever class of diseases.* You must prescribe medicine as harmless as possible, and report to me any new feature you may observe." This announcement simplified matters very much, but my respect for medicine fell a sacrifice to my tutor's candour. After this revelation my flag was lowered to half mast. I had gone there to learn how to cure disease, not to stand idly aside to watch somebody else, or something else, do it for me, whilst I walked off with the credit and the profit. However, there was no help for it, and I had to join the vagrant procession which, in its treatment, has never deviated from the beaten track. Month after month passed away, and I kept my connection well together, introducing such sanatory aids as were within the bounds of discretion. Before twelve months had elapsed a circumstance occurred which caused me to break with medicine.[1] It was a final disruption.

The first step urged by the physician in all fever cases, eruptive or non-eruptive, is to send the patient to bed. On what principle? I know this, that the fever spores, germs, or whatever else the originating infection may be, requires a uniform heat in which to

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[1] I did not intend to publish the following incident, but as it has important features in it, I feel bound in self-justification to give it publicity. My mission, at this juncture is a great one, and I must lose no chance of carrying conviction home to my audience. A circumstance which turned the current of a life into a new channel cannot be an insignificant event.

I have stated in the introduction to this book that I studied medicine for a couple of years in my early life. I do not attach much importance to that fact. Still, the knowledge I acquired has been of use to me.

After I had been in the surgery some nine months a patient suffering from hypochondriasis was placed under my oversight, with all the parade of confidence. He was in a pitiable condition. His sufferings, as is often the case, were confined to the digestive organs, but there was an entire absence of inflammatory action or organic lesions. A merchant of the City of London, he had, after thirty years of industry, amassed an ample fortune, sufficient for himself and wife—he had no child. He had been a patient for two years and was no better, but he naturally dreaded to go through life with "that long disease" upon him, his own instinct teaching him that it was a disorder which, if uncured, would terminate, possibly in a cancer, a chronic heart disease, or a permanent affection of the brain.

I said to him, "Tell me your history as briefly as you can." "Well," he responded, "in a few words, I was an only son. My father left me a good

germinate, and to check the growth or development of these germs the patient should be kept cool, as much in the fresh air as possible, well supplied with cooling drinks, and the body should be in a constant state of activity until the germs are destroyed, either by the Turkish Bath at 250°, or by the "wet sheet," and the accompanying cold baths. The physician knows of no cure, no methods of arresting the fever, or of destroying the germinal principle of each fever, and believing, or feigning to believe, that the fever has to "run its course,"

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business and plenty of capital to extend it. By industry, thrift, and a fair amount of discretion, I saw I had the prospect of piling up a fortnne. My ambition was to realise ample wealth and then to retire to some southern town and live the remainder of my days in the enjoyment of it. For thirty years I was one of the most active and prosperons men in the City. Rather more than two years ago, I sold out and moved down here. Within six months the premonitory symptoms of this disease came upon me, and I have gone on under medicine from one stage to another. For twelve months I have undergone sufferings that are indescribable, and here I am to listen to what you have got to say to me." I said to him, "There is no organic disease abont you now, but there may be at an early date if no proper effort is made to shake off your present symptoms. Are you housekeeping?" "No, we are in apartments, not having the heart to settle down anywhere." I said, "If I hold ont to you the prospect of a complete restoration to health, are you willing, at whatever cost—not loss—to follow my advice." "Religiously," he observed. "Then," I continued, "your present condition is the resnlt of a natnral reaction, the revolt of nature against a life of indolence. A busy man up to fifty years of age, do you suppose you can retire from the activities of life and come down here to stare at the sea, read your paper at the clnb, chat idly with your friends on the beach, eat, drink, and sleep—in peace? That is not life. Get away ten or fifteen miles into the country. Buy or rent a small farm; keep two or three horses and as many traps, half a dozen cows, pigs and poultry to taste; and, if religiously inclined, take up church work, do anything or everything in the parish that a man with wealth at his command ought to do, and in two months you will be as sound as a bell." "I will give your prescription, which is a new one to me, a fair trial. Two or three small farms are about to be disposed of by public roup. I will go and see them and pick out the best. What yon say, Sir, commends itself to my judgment. I think I can see the high road to a cure." Away he went, selected his farm, bought it, and I saw nothing more of him.

About three months after the above conversation with my new patient, the principal came in one day to dinner at 5 p.m. as usual, with a face "red as a turkey cock." Nothing was said, not a word. I thought some case had "gone wrong." When excited his face was always flushed. As I rose from the table to go into the snrgery he observed, "I want to see you in the consnlting-room in a quarter of an hour." This was a riddle I had no means of solving. That I was in for a scold was clear.

Since my patient had left me, three months before, I had heard nothing of him. My principal remarked once or twice, "I wonder what has become of Mr. A., you must either have killed or cured him." I offered no explanation, and none was asked.

At the expiration of the quarter of an hour I went into the consulting-room. M.R.C.S. was standing with his back to the fire nnrsing his grievance; his face several shades deeper in colonr; bnt there was an air of determination about him such as I had not witnessed on any previous occasion. He said, "I have asked you here to say I wish our agreement to be cancelled at once, this evening, if

why then, to prosecute that object, bed is the best plaee. Mark the initial mistake. The very first regulation of the physieian is a fatal one.

The authors of "The Family Physieian" say, at p. 537, "In all eases of fever it is very neeessary to confine the patient to bed." That I dispute. It is the ediet of ineompetenee—the fiat of empirieism.

Why should the patient be sent to bed on the first approach of fever? There is no reason for it in the world that I ean divine, save one—that it is the likeliest method of nourishing the disease, and developing it into a ease for a three, six, or nine weeks' "eourse of medieine." It is a eommon but serious mistake. The patient in small-pox, searlatina, typhoid, enterie, or other fever, as soon as the fever has deelared itself, is sent off to bed, to lay there trembling between life and death for periods varying with the treatment and the sanitary eonditions which surround it, as apartments destitute of ventilation, warm drinks, medicines which injure the stomaeh or other important funetions (and their name is legion), improper food, and bad nursing. There the patient remains for days—nay, weeks—with a burning fever for a eompanion, and a *skin* as dry as if it were made of parehment, and its useful funetions are totally ignored. If the erisis is favourably passed, the after consequenees are, in many instanees, more to be dreaded and more fatal than the disease itself. This result is in accordance with a law of Nature. The fever should be cheeked, and then it is under eontrol; let the erisis eome, and then the fever eontrols the physieian and the patient too. Under sueh eireumstances, Nature, in the end, gives up the contest, and death rudely terminates sufferings whieh are the result of the treatment, and not the neeessary sequence of the fever. The patient's bed is too

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agreeable to you." "Quite agreeable," I replied, "but what is the disturbing element?" "It is simply this, Sir, I met Mr. A. this evening in his trap, and he told me the circumstances attending his interview with you, and his subsequent experience. If I allowed you to treat my patients on Sanatory principles I shall not have a patient worth keeping on my books in twelve months." I said, "You gave that patient over to me to cure, did you not?" "Yes, but with my physic." "But," I answered, "his was no case for physic. He merely required some active occupation for mind and body.' "Well," he replied, "it is of no use arguing; my course is clear."

We separated that night, and I decided to have nothing more to do with physic. I had seen enough of it."

I think I have not been in any haste to publish this incident, seeing that I have not mentioned it for thirty-five years."

often like the bed of Procrustes—made for torment and not for repose. Now, whether the patient be an infant or an adult, the treatment is practically the same, and the issue is the same. And year by year, nay, every day in the year, is this domestic drama enacted; and thus the mortality from diseases of insanitary origin is increasing upon us, and "the tramp of death," like that of a sentinel ever at his post, becomes so familiar to our ears that we regard it as a "must be" instead of a "need not be."

"The disease will run its course," so says the physician. True, if it is allowed to do so. Why should it not? Fever must have a commencement and a crisis, and then, after the lapse of so many days, it will decline, and the patient's health is months and often years before it is restored to the same vigour which was enjoyed previous to the attack. Again, why should the disease "run its course"? The careless mechanic shakes the lighted embers out of his pipe on to the floor, and goes on with his work. In a moment or two the spark bursts into a blaze, the flame expands and seizes upon every article around it, and in the short space of five minutes the fire has reached a crisis in which the whole building, with its valuable contents, is threatened with instant destruction. Now, what would be thought of the workman if he should turn round, within an arm's length of the hose, which, if turned on, would stay the conflagration at once, and, in the attitude of a looker-on, should say, "Oh, the fire will run its course; it had a beginning; there will be a crisis, and it will then exhaust itself when it has consumed all surrounding objects which support combustion." The two cases are parallel, the illustration is pertinent. "Turn on the hose and put out the fire"; *turn on the hose and put out the fever.* If in fever cases the poor patient goes to bed, passes through the crisis, and succumbs at last, he does it to oblige his medical attendant, and in obedience to a custom which is peculiar to the system of treatment taught and practised by the faculty. And that is the sum total of the matter. I have seen patients under sanatory treatment, in every stage of consumption, heart disease, and brain affections, who could read, study, converse, walk, eat, drink, and sleep, with comfort to themselves, up to the last day of life. There was a perfect absence of all those distressing symptoms and irregularities which are so painful both to the patient and to those

who attend to his wants, such as sickness, fever, want of appetite, pain, languor, weary days and sleepless nights. The fever-stricken patient has no business in bed ; if he wants a speedy cure he will not find it there. I am satisfied that many, very many of the deaths we witness, and which leave such sad memories, are too often the result of the means employed by the physician, and not the inevitable adjuncts of the fever.

Think for a moment of the fearful mortality from fevers, such as typhoid, enteric, scarlatina, measles, typhus, and small-pox, and then reflect that if the faculty were equal to their work, three-fourths or more of all these cases could be saved. No man, woman, or child ought to die of any one of these diseases, viz., the fever class. When death occurs there should be some other complication of disorders sufficient to account for death, and then the fever is like the last pebble which sinks the already over-freighted ship. But that a patient should die of any one of the fevers, *per se*, and thousands do, is simply monstrous ; each victim is pushed out of life, and is sent, unbidden into the presence of his Maker. Sydenham, "the great physician," left it upon record ages ago, "if a patient dies of fever it is through the doctor's default." If the services of the surgeon or physician of the present day were brought into requisition to preserve the health, instead of to cure disease, he would lay Nature under contribution to furnish him with different remedies to those which he uses under the present regime, and he would not apply to her in vain. Nature is no miser ; she has no secrets to hide from the gaze of the earnest student ; her pages are open to all ; neither has she entered into any covenant with those who seek to multiply diseases that they may add remedy to remedy, not one of which has the smallest effect upon the human organism of a constructive or life-giving character. Diseases are simple in their origin, and although they are divided into classes and orders, and sub-divided again and again till they can be counted by hundreds, still I am by no means hopeless that the day is approaching when remedies will be simple and sanatory, and then their numbers will decrease as quickly as they have increased of late. One-half of our diseases are caused by the extremities into which Nature is impelled by allowing fever of every form "*to run its course.*"

It is a fever case. You ask the physician what he thinks is the nature of the disorder. "Oh, I cannot give you an opinion now," he says, "I must wait and see what course it follows. I can tell you better in a day or two's time. The patient's symptoms are decidedly feverish." And away he goes, puzzling his brains each step, till he finds himself at the door of his surgery. Then comes the tug of war to determine what decoction he shall mix; he paces up and down the little sanctuary, two yards by five in measurement, handsomely furnished with new bottles and drawers labelled in blue and gold, and each containing more or less of the bitter and poisonous compounds usually shelved in such places, of which the doctor knows nothing, the chemist less, and well for the patient if his knowledge stopped at either of those points. At length the mixture, having no relation to disease-causes, or to the organism of the man to be experimented upon, is made up, and sent off to be taken as directed. What a strange scene! It is a grave reflection, and one to give us pause, that humanity, trustful, loving, and hopeful, and paying for that which is no good to the patient, should be imposed upon by the inhumanities and incongruities of a medical school lacking all the attributes of scientific accuracy, and worse than that, boycotting remedies which, in their operation, are uniformly life-giving, and life-saving. Verily, the inconsistencies and the monotonous ways of Allopathy, crooked as a ram's horn, will waken up a sleeping nation, sleeping in fancied security upon the edge of a precipice whose foundations are laid in doubt, glamour, and pretence.

"I can tell you better in a day or two's time." I should think so indeed. Why wait? It matters little in my opinion, whether the fever be typhoid, scarlatina, or small-pox,—it is fever. That knowledge is sufficient. What is the physician's duty? To wait? No. Physic? No. What then? To allow the fever to run its course? No. To give the fever one or two day's start in the chase? No. One day's start? No. One hour's start? No. Then what is the physician to do? *His duty is to take the life out of every germ coursing in the blood of his patient, causing the present commotion, before he leaves the house.* He is no physician if he cannot do that. He does not know his business. But physic cannot do it, not if it had all the intervening period between this and the termination of the millennium

in which to work out the problem. I know it. I have seen Medicine try and try again, and failure always followed each new effort. The powerlessness of the drug treatment has unnerved me at critical times. It is in circumstances like these, seen by the bed-side of the fever patient, that the perilous defects of the drug system are demonstrated. The adynamic character of physic in the presence of fever stares one in the face; it is palpable and sickening. Twenty centuries have come and gone in quick succession, and the physician has made no real advance with regard to the management of fever. His treatment, from its commencement to its close, is a hap-hazard game of chance, in which the patient is always on the losing side! Is this to go on for ever? I trow not.

Relation 14.

One evening in May, 1889, the child daughter of a gentleman holding a Government appointment, and resident in a healthy neighbourhood on the South Coast, showed some marked symptoms of fever. The wife was one who had a mania for doctors. She sent for "The Family Physician." He came. He said, "Madam, it is going to be an attack of Scarlet Fever. The other two children must be taken into the top bedroom for the rest of the day. To morrow you must find lodgings for the nurse and the patient. The clothing must be burnt, and that of the nurse as well." Lodgings were obtained next day, after some difficulty, at four guineas per week. The clothing of nurse and child was burnt, even to the shoes and stockings. The rest of the family, as soon as it could be done, were sent away, and they went into Scotland. The nursery, bedroom, dining room, and staircase were re-papered and painted, the carpets and the beds were sent out to be disinfected, and the furniture was washed and re-polished. Nurse from whom I had this story, said, "I do not believe the child had Scarlet Fever or was going to have it. She was certainly slightly feverish, but how often are children in that state from cold or other natural causes, and after a night's rest such common symptoms pass away. This business cost master from £80 to £100, without the doctor's bill."

What abject decrees to issue, and the dread of infection, inculcated by medical men, is the plea offered in self-justification. Is it not time that this absurd nonsense was arrested and exposed! But what is Allopathy to do? It has no cure for fevers; the fever must "run its course"; then comes the crisis, the desquamation, and the infection must follow as a natural consequence. Allopathy must go to the wall. It has had its day, and now the long night of its decadence and displacement is at hand. Nothing can save it. In fact there is nothing to save.

A general system of Hydropathic practice should be inaugurated throughout the length and breadth of the country. I am satisfied that this is the only true remedy which can meet the one great want of the nation—a universal remedy for a uniformity of disease-causes whose central action is in blood-poisoning. Matters, germs, sporules may be many and diverse, but there is a unity in their effect upon the human organism which suggests a unity in their treatment, and that unity is only discoverable in sanatory processes. The skin is a miraculous function.

The open confession of blank inability to cure the eruptive fevers and their sequelæ, referred to so often in this work, has signed the death-warrant of the drug system. My efforts, I trust, will hasten the advent of a wiser treatment for suffering humanity.

Many years ago, in fact when I first began to take an abiding interest in sanatory science, I determined to enquire of leading Hydropathists why their successful treatment of fever was not published for the special edification of society in general. My first anatomical experiment was performed on the living body of the late Dr. Edward Johnson, and the reply was conveyed in these words: "Do you think I wish to invade a hornet's nest?" On the first opportunity I interrogated Dr. McLeod, and his answer was strategic, "My friend, do you imagine I have any desire to bring the entire faculty about my ears?" Mr. Smedley's monosyllabic rejoinder was equally terse, "Sir, I dare not do it." I conducted no further experiments in this department. I saw where the shoe pinched. Self interest is a prolific source of wrong-doing. I could not see that any one of the above replies was fertile of resource in justification of the position of these medical reformers, nor have I seen it since. I shall never succeed in converting myself to the notion that the interests of a single man, or a class of men, should be put into one scale when the interests of a whole nation are in the other scale; the attempt to make them balance is a vain performance.

Now it is clear that the medicinist in his attendance upon a fever patient has no object in view of a curative nature. He only professes to watch the case, and if a symptom should show itself, such as diarrhœa, sickness, head complication, shivering, &c., he would treat it individually in his own way, and in doing so of course he would commit a blunder: the thing to attack is the fever, and in reducing the fever the symptoms will disappear in the order of their recurrence; but as for the fever, *per se*, medicine has admittedly no treatment for it. Experience has no lesson for the Allopath. Practically, so far as the fevers are concerned, he is no wiser than he was two thousand years ago, and, if left alone, he will be in precisely the same condition two thousand years hence! Ancient prescriptions are as dumb as the statue of Æsculapius. Science is, to the Medicinist, voiceless as the grave. Consultations may be frequent and costly, but the fever must "run its course," there is no truce in that

war. And there is no relief to the patient consumed in the fire of that burning, scorching fever. The quiet suffering of the child, the anguish of the mother, the appeals of the father whose offspring is halting between life and death, are all in vain. The doctor sticks to his text, "we have no specific for any of our common fevers,"—"we cannot cure them." "They must run their course."

Has nature a remedy? Yes, safe and simple. The doctor replies, "so much the worse for nature." Has Hydropathy a remedy, tried and true? Yes, of course she has. He answers, "so much the worse for Hydropathy." If you press him closely, he continues thus, "I know of no remedy outside the Pharmacopœia. We do not practice Hydropathy. We do not understand it. We do not believe in it." And so this domestic drama passes on from age to age, and while Surgery is a progressive Science, Medicine stands still, firmly rooted in its granite bed,—there we must leave it. Medicine must perish in its own vacant environments, a hopeless, lifeless thing.

Science never yet suggested to any man that he should scorn the teachings of nature in emergencies that crowd upon him from a hundred different points, but rather that he should accept them with a grateful heart, and render them subservient to his use, his comfort, health, or profit.

And that branch of science which disregards, with a contemptuous smile, the aid of a sister art, is not worth much either to itself or to any other person or community.

So far as the interest of the public is concerned in the future treatment to be adopted in dealing with the fever class of diseases, regarding physic as a failure, which it is, physic is not an ingredient deserving a moment's consideration; it has neither part nor share in the point at issue; physic is not susceptible of being mended, it can only be ended. Allopathy has to go. Although Homœopathy will fight for a place, it is not able to reconcile conflicting experiences, nor to bring the malcontents within the circle of its practice. If the concentrated dose is once abandoned, the infinitesimal dose can never occupy the entire ground. The concentrated dose, or infinitesimal, is not in the programme; the dose in any shape is equally objectionable. The question for arbitrament is not one of degree; if it were, then

the infinitesimal dose would have it ; but the question is one of kind—physic or sanatory remedies—and physic is a discovered failure ; its total abandonment is a matter of life and death : therefore Homœopathy is shut out. Now as to Herbalopathy ; I do not hesitate to say that it presents no sufficient claim for universal acceptance. I do not object to the use of the herbs, *pur et simple*, but as the real strength of herbalism consists in the fact that it has called to its aid the collateral agency of the water cure, the herb can never show its warranty for pre-eminence in competition with the nature cure insisted on in these pages. Hydropathy comes next under notice. I do not like the word. It has an ugly Greek hardness about it. A homelier and a truer phrase is "the nature cure," or "the water cure." Of the two I prefer the former, because sanatory remedies seek assistance from air as well as water, in their threefold states of cold, warm, or hot. The nature cure includes isolation, or any other sensible help which can be invoked on behalf of the fever patient. "Outside the camp shall his habitation be," was a condition imposed by Israel's mighty King. Yes, but only for seven or fourteen days ; not for three months, nine months, or life ! Oh, no, the probationary term under "the nature cure" is strictly defined. After-consequences, the sequelæ of the physician of our times, were not anticipated or provided for under the Levitical economy. These formidable antagonists, far more awe-inspiring than fever can be, are the sequelæ which follow in the track of an incapable system of Medicine ; they are, from another view, the sentinels on the outposts of Nature, and if we foolishly venture within range of their guns the order is to slay without discretion ; and look around, see where the emblems of death, in all grades of youth and age, prove how rigidly and relentlessly the order has been obeyed.

The admitted failure of Medicine to combat fever *and its sequelæ*, referred to prominently in this book, is an announcement which ought to rouse the nation—nay, all nations ! I may not restrict its influence to England, or to Europe. I say it ought to arrest the attention of the world. And for the reason that fevers and the after-consequences, the result of blood-poisoning in its many-sided aspects, include so large a proportion of the mass of disease annually submitted for treatment, that what remains, outside the field of surgery, is com-

paratively insignificant. Besides, there is another supremely important consideration comes in here. It is this—if physic has no remedy for the fevers, *or their sequelæ*, has it any capable or reliable treatment for any other form of disease? I say,—no. The admission of incapableness with regard to fevers, or their after-consequences, seeing the important relation which the part bears to the whole, condemns the system as irrelevant and irrational. Is not that a fair conclusion?

The issue is now narrowed within well marked limits. Is Hydropathy under its new name, "the Nature cure," worthy of universal patronage and acceptance. I say—Yes. It has proved itself to be so in ancient times, and again within the memory of this generation. The names and works of Vincent Priessnitz, of Drs. Johnson, Gully, Wilson, McLeod, and of Mr. Smedley, together with a host of men, the present managers of Hydropathic Establishments, and Sanatoriums, spread over Europe and America, form a body of evidence which is convincing and unimpeachable. The nature treatment was the Divine institution under the Mosesian economy; it is adapted to all diseases, ages, climates, and conditions of mankind; it commends itself to the judgment and conscience, because it utilizes the functions of the skin, that wonderful combination of natural forces, as the fundamental and final agency for blood-purification, eliminating all offensive matters from the circulatory system, and restoring to nature the power to perfect her own cure by means which were pre-ordained, potential, and surpreme.[1]

Surely no other argument is required to uphold the contention that "the nature cure" is the treatment of the future, and that all

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[1] Specially referring to the function of the skin in fever cases the reader will, from his own knowledge, confirm the charge I bring against the medicinist of our time when I say that, practically, he ignores the office of the skin. Does he ever ask a question about it? Does he ever cast a glance at it? He does not. So far as he is concerned, the skin, as an agent in his treatment, is not in the race. He may occasionally remark, "the skin is dry, or moist," but as an active function, endowed with amazing remedial capabilities, Allopathy has nothing for it to do. Physic allows no competitor; it must be all, or nothing; it never plays the second fiddle. If physic will not cure, nothing else shall,—that is the first and last clause in the prospectus of the Allopathist; and it is this final protest of common sense, confirmed as it will be by the universal consent of mankind, that will crush out the last life-drop from a practice that is now ripe for judgment, and silently pleading to be consigned to the limbo of "obsolete punishments." Physic has lived on sufferance, it has grown rich on human credulity, and it must pass away, not only without regret, but with a shout that shall awaken echoes from a thousand hills.

other systems branching off from it into the doubtful paths of physic, of antidotes, and specifics, are to be deprecated—destined, as they are, to become obsolete and to be permanently displaced by this one great remedy, whose action is as harmless in its methods as it is unique in its results.

Smallpox is really one of the simplest, and, if I may use the phrase, one of the healthiest of all fevers. I scruple not to say it is the eaiest to manage. Pitting? Under proper treatment, No. It is out of the question. There should be nothing of the kind. Disfigurement? No, 'tis the out-growth of rank incompetence. Blindness? No. Where blindness supervenes, whether in hospital or private practice, write,—"Treatment a failure." Death? By no means. Not from Smallpox, *per se*. The present average death-rate to cases may be stated at 18 per cent. My opinion and experience lead me to the conclusion that the death-rate should not be above 5 per cent. on the average of cases, and these particular deaths will not be attributable to the fever or its treatment so much as to complications where the fever is thc last straw that breaks the camel's back. Whatever fever may be in the ascendant in any given year there is always more or less diseased life to succumb to it—cases where the patient is standing, as it were, on the brink of the grave, and the fever comes to end the strife. A fairly healthy life, under sanatory treatment, should not be even in momentary danger at any period of the disease. The course of the Smallpox, in common with all febrile disorders, is always moderated or intensified by the physical condition of the patient at the time of the attack, hence the importance of personal attention to those habits and modes of life which sustain the vigour of the body.

Many of the habits of the people have a tendency to induce in their train, a distinct susceptibility to the fever class of diseases. The effect of these habits, by depressing the whole physical organization, is to produce a low resisting power to disease influences. Everybody knows what "a high condition" means when applied to a domestic animal; but few men regard that condition as having any reference or importance to themselves. A life of indulgence can have but two consequences :—1., To murder time, and 2, to deprcciatc thc natural vigour of the body. Other serious results flow from these.

I enter a strong protest against smoking, against alcoholic drinking, and excessive flesh-eating. I consider that the healthy conditions of our people are being sensibly sapped by these loose and degraded tastes. Too great stress cannot be laid upon the disastrous results of smoking. I was asked my opinion one day of this growing habit. I said, "Smoking is a profuse waster of time, a destroyer of energy, and in its influence it renders the body more susceptible to disease by lowering the resisting power, and it undoubtedly limits the duration of life." Of the evils of "drinking" every argument has been drawn from human experience and arrayed in condemnation of the practice. A hard drinker has little chance with fever, and a moderate drinker is only so much better off. Alcoholism is bad in any degree, and the glass at night is a glass too much. Excessive flesh-eating is as great an evil as excessive drinking. As a people we are eating flesh to an extent that is perfectly demoralising. There is no questioning the fact that many diseases are induced and others aggravated by the rage for flesh food. It is a perfect mania, and it ought to be discountenanced. In public hospitals, asylums, and convalescent homes the flesh diet should be suppressed. I am satisfied that for invalids, lunatics, prisoners, or the inmates of workhouses, a strictly vegetarian diet is more consistently humanizing and healthy than the mixed dietary now in use. Medical men yield too easily to vulgar clamour, to a disorganised palate, and to the discreditable taunts of a class, the members of which are immoral, sensual, and depraved.[1] The greater the distance between parent or child and the beast, whether in Vaccination, or in cooked flesh, the better it is for man. A vegetable diet, including fruits of all kinds, builds up the body and purifies the

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[1] As an illustration of my meaning I mention the following incidents:—I went out one day with the "Union doctor" in his rounds. One of the inmates of the workhouse, an old man well seasoned with alcohol and tobacco, begged hard for an order for brandy, and succeeded in obtaining it. The patient looked at me enquiringly. I said, "Yes, you may look, but if you had me to deal with, you would neither have brandy nor tobacco. They are degrading tastes, and at your time of life you ought to have a healthier occupation." Amongst the out-patients we came upon a child, shrivelled and worn to a skeleton. The mother had it on her arm. The woman was well nurtured, and from her general appearance, she could have sustained her child as a mother ought to do. I said to the doctor, "What is the matter with that child?" "It is a case of atrophy, Sir." "Atrophy?" I responded, and turning to the woman I said, "Is that child's life insured?" "Yes, Sir," she answered. "Ah!" I said, "that is its complaint. It is abominable for a woman in your sound health to have a child in that state."

mind, whilst the flesh diet excites the passions, adulterates the constituents of the blood, opens the avenues to disease, and subjects the mind to the sway of morbid impressions. The flesh consumed by the poor is of the cheap and nasty sort. I have seen abundant evidence that a purely vegetarian diet assists convalescence and paves the way for a rapid restoration to health.

The woman showed no shade of remorse. Nor was she angry at my remarks. She was hardened in her sin. For once I had discovered a woman who could "forget her sucking child." It was a saddening experience. The look of that poor child, dying of starvation in the arms of its own mother, will haunt me to the last days of my life. Would to God I could transfer this scene to canvas. Only once have I so strongly envied the painter's art, and this was the occasion.

When we were out of the woman's hearing the doctor said, "I sympathise with all the remarks you have made to my patients, but I dare not give utterance to such sentiments. My living, nay my life, would be in peril." I replied, "I am amazed to hear you advance such an observation." "It is true," he continued. I said, "There is something wrong, doctor, here. These things ought not to be."

For the sake of peace and position, inside the workhouse or outside, the doctor has to maintain a false and unobservant attitude.

Instead of being a terror to evil-doers, and a praise to them that do well, the medical officer is reticent as to conduct he has not the courage to rebuke.

The relations between medical men and the people would be manifestly altered for the better if the basis on which his charges are made were changed as I have suggested. He could then be fearless, honest and true, and the lower order would respect him more when their interests were identical.

CHAPTER III.

ARGUMENT.

That the principle of infection, or contagion, regarding these terms as equivalent with respect to each separate fever, is the product of ineffective and unsuitable treatment by the faculty, and is not the necessary adjunct of the fever.

That the sepuelæ or after consequences of the fevers, whatever form the fever may assume, so varied, mischievous, and fatal, in their character and termination, are likewise the outgrowths of the unsanitary treatment to which patients are subjected by allowing each individual fever "to run its course," and are not, again, the necessary concomitants of the fever; the sequelæ being, in fact, the tribute exacted by nature for misdemeanours in the management of disease.

So much is really said about infection and contagion that the public have a horror of being told that a Small-pox case has occurred in the district. Medical men are to blame for having produced this state of feeling by the preposterous stories they have circulated. Infection, they say, may travel on the outside of a letter, on the back of a book, in the inside of a newspaper, on the seat of an omnibus, in a glass of new milk, or in the air you breathe on crossing the threshold of the house where a patient resides. These are the ghost stories of medical credulity. I do not believe that such things occur save under very exceptional circumstances, viz.: from a sudden shock, or from absolute terror of infection,—never to a healthy man, woman, or child. The reader will be astonished to hear me say that in all my experience I never met with a single instance where I traced the fever to infection, that is, distinct from actual blood-poisoning. The most infectious papers in existence are the papers which are fastened on to the head of the bed where a patient sleeps in the hospital. Common foolscap sheets, they contain questions in print, as for example, "What is the name of the patient? His age. Date of admission. Is he vaccinated? Has he good marks? Date of attack," etc. etc. Then follows the history of the case from day to day.

During the illness, up to recovery or death, that paper remains in its position. Considering the length of time it is exposed, its nearness to the patient's head, and the capacity for absorption in the paper, it cannot be supposed there is any other material so charged with infective matter. Now I say these documents are perfectly harmless. They may be carried about in the pocket, folded in an envelope, positively without the slightest risk; they may be stuffed inside a pillow-case and you may sleep on them without the smallest danger; or they may be manipulated for hours together with as much confidence as if they were a file of office invoices. If infection were as subtile a force as it is represented to be, a single Small-pox case would carry off the whole family, a second would weed a district, whilst a third, following on the trail of the other two, might be expected to depopulate a city.

How then may the papers referred to convey infection? In this way—scratch the arm with a darning needle, or lancet, as it is done for vaccination, place a square half inch upon the open wound, allow it to remain in that position for the night, and I doubt not the object of this experiment would have an immediate attack of Small-pox. This in effect would be inoculation. Again, if a person were to apply his tongue repeatedly to the surface of the paper, and to pass the saliva into the stomach, he might perchance receive the infection and go through the fever in the ordinary way. But who would do such things? And if infection can only be communicated by actual blood-poisoning, or in other words, inoculation, what becomes of the medical theory of infection? I doubt the possibility of infection from circumstances and sources so often referred to by medical men.

I have heard, nay, I have known many marvellous cases said to have been due to infection, but I feel quite confident they were attributable to other causes. For example, a solicitor was travelling by train with a girl looking very ill. On being questioned, she said, "I left the hospital this morning, where I have passed through a bad attack of Typhoid Fever." The solicitor joined his family circle in the evening, straightway sickened, and had a bad Typhoid experience. This was a coincidence. Doubtless the Typhoid had been incubating for some days previously from some other cause. A minister read the burial service over a parishioner who had died of Small-pox, went

home, had the Fever, and nearly lost his life. Although it was said the pastor took the infection at the grave-side, it is quite certain he did not. He had been infected by some other means, perhaps 10 or 12 days before the event above narrated. In matters of this kind coincidences are frequently mistaken for causes. And particularly so when people are in a continual state of fear arising from the absurd dread of "infection."

Fear has often been the exciting cause of fever. The late John Bright, M.P., was once walking down one of the streets of Rochdale, when, looking into a cottage window, he saw the flushed face of a young girl pitted with the Small-pox. This had such an effect upon his nervous system that he returned to One Ash, and was laid up for several days with fever symptoms, and he nursed the impression that he had narrowly escaped the disease.

The prevalent idea that an individual may catch infection by touching a newspaper, or book termed "infected," is perfectly preposterous. That another person may call at a house where there is a fever patient, and convey the infection in his clothes, to his own family, is equally ridiculous. All this stuff is promulgated simply to alarm the ignorant, and to give occasion to silly women to say, "what brave men you are thus to face infection and run risks of which we, sitting at home, know nothing." I do not hesitate to say that eight out of every ten cases imputed to infection, are really and truly ascribable to other causes—they are either the first specimens born of insanitary surroundings, or they are referable to direct blood-inoculation.

The houses of the lower orders where fevers grow up and germinate, and where Epidemic influences spread with fabulous rapidity, are seldom free from infectious atmospheres. The occupants are often the subjects of disorders, such as Scrofula, Syphilis, Tuberculosis, Cancer, Erysipelas, etc., and with skins uncleansed from week to week, every movement of the body, by the natural process of friction with the clothes they wear, sets free innumerable particles of infective matter which, floating about the rooms, are ever waiting an opportunity to settle down upon a congenial soil. Another source of danger to the various members of this class springs from the fact that so many of them, old and young, either from accident or

violence, bear upon their faces, arms, necks, or other exposed surfaces, open wounds, offering a fertile medium for contagious matters to propagate and spread.

That a man should be an object of contagiousness is a tacit acknowlegment that Allopathy has not the capacity to deal with fever. I have sought diligently for the contagion, but I could never find it, save under control. Amongst Small-pox patients in their own homes, in the hospital full of invalids in every stage of the disease, examining the record sheets attached to each bed, mixing with medical men and hospital nurses,—under all these individual circumstances, I never met with a successful infection, nor did I carry this "volatile" agent to wife or child. On one occasion I had a bit of play with the Small-pox, but I found it very tractable—so much so that I was ashamed of it.

Relation 15.

One afternoon during the epidemic of 1871-2, accompanied by my friend, Mr. W. E. Kenworthy, Guardian, Leeds Union, I was in the Smallpox Hospital for a couple of hours, examining the records of the patients—records saturated with infection—and. forgetting what sort of papers I was manipulating, I moistened my finger and thumb repeatedly to facilitate my work. After being occupied for an hour or so I became sensible of a disagreeable taste in my mouth. I knew the odour was that of small-pox—there is no mistaking it, the taste is the counterpart of the smell. I can describe the taste in no better language than that it is "the essential oil of composite filth." I turned to my friend, and said, "I have done a very foolish thing in introducing this infected matter from the paper into my mouth. I know it is the genuine article I taste." Mr. Kenworthy suggested sundry ideas about my wife and family, and in his anxiety on my account, he said, "What *are* you going to do?" "Nothing," I observed, "I am inclined to wait and see the next move." In another quarter hour or so, a second stage was reached—the tongue and mouth were now thickly coated with a horrid clammy mixture increasing so rapidly that I was at last unable to articulate. I thought it was time then, as the legal phrase has it, "to stay proceedings." We retired into the lavatory at the workhouse, close at hand. I rinsed my mouth well with hot and cold water, had a good wash, and then we joined the master and matron at tea (tried to infect them, and some 300 inmates besides, but failed in the endeavour); after this we started for home. As soon as we reached the road we had to separate—he to the right and I to the left. I believe my friend went away with a heavy heart, imagining I was in for a mortal smallpox. I had no such presentiment. However, to be safe, I called at the baths and went through the Turkish, persuaded that 200° of heat was an answer to the doings of any concealed pretender having vindictive objects to serve. Two medical students whom I saw in the smallpox hospital, perhaps an hour before, were my companions through the process; on this occasion Medicine showed more sense than I gave it credit for possessing.

Since the above experience I have openly displayed the utmost contempt for the "infection" of Smallpox. I am satisfied that to a

man in fair health the idea may be discarded. The notion of infection from ordinary sources, such as those so often referred to by the profession, is simply ridiculous. Medical men visit patients in Hospitals; they write letters and receive them; they go to the public library, travel about by omnibus, attend upon private patients, spend their evenings at the club, or at home with wife and children, and after a fifty years' practice neither take the infection nor communicate it to any one else. So that there is little importance in the suggestion as to danger from the infection to the healthy. What about the Nurse argument? She does not take the Smallpox because she is vaccinated. What clap-trap talk! She resists infection. Yes, because she is a hearty, healthy woman. The blood coursing in her veins, swift as water in a mill-stream, bears a note of warning on each corpuscle—"Hands off, please." The Nurse does not "take" Typhoid, Scarlet Fever, Diphtheria, or other infectious disorders; and yet, when she has patients in charge, she has only her natural strength as her convoy. The same unimpaired vigour of body fortifies her against Smallpox or other infection. She needs no fanciful vaccine defence—no graven image. If I had the conduct of a Smallpox Hospital I should decline to engage a vaccinated nurse—a woman tainted with Smallpox virus—for the establishment. I should affix a board outside, "No vaccinated need apply."

Infection is only dangerous to a population, or to individuals of low resisting power, in whom there is a morbid susceptibility, or preparedness, for infective processes, and even to them Smallpox is no superadded scourge. In the absence of Smallpox there is another incendiary always at hand—Typhoid, Bronchitis, Typhus, Enteric, or Diphtheria, ready to apply a match to the fever material scattered around.

The object of Sanitation, therefore, is not to discover antidotes but to promote and cultivate all those hygienic resources, conditions, and sanitary surroundings which produce and sustain a people in the soundest and highest state of health. Good health includes a high-resisting power against infection or other disease influences. Away, then, once and for all time, with the tinkering, servile, Edomean abominations as those of Jenner, Pasteur, and Koch!

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[1] I have another of the Ephesian beasts now to fight. Dr. Koch will no more be able to cure Tuberculosis with his "brown mixture" than he can, by its aid,

Contagion, as I have observed before, and may repeat again, so as to impress it upon the mind of the most inattentive reader, is a product of culture, of ineffective Allopathic treatment; it is the consequence of allowing any particular fever to run its course; it is, in fact, Nature's penalty for medical neglect, and it falls with all its weight upon a profession that clings to an antiquated drug treatment, instead of to a remedy which is Sanatory or Hydropathic, and which I am satisfied is the one and only treatment for all fevers, whether in children or in adults.

What contagion was in the middle ages is quite another thing. Our knowledge is so meagre as to the breeding proclivities of miasmatic poisons in days when the degraded condition of the people, arising from the deficient or improper dietary, the inadequate clothing, the miserable housing, and the general unhealthy environments of the classes of people amongst whom epidemic or endemic diseases propagate themselves, that what contagion is in our day, in conditions changed for the better in every single aspect, is no proof whatever that it was the same in its modes, tendencies, and results, in remote epochs. Contagion, like the special diseases which gave rise to it, was influenced in its severity by the circumstances of the period, and the ever varying susceptibilities of the people, which circumstances and susceptibilities decided the complexion and character of each epidemic, rendering it more or less fatal. As is the Fever, Smallpox, Scarlatina, &c., so is the contagious product, mild or severe in its type and diffusion, according to the physical condition of the people at the time.

Contagion is a fungoid growth. Let the fever "run its course" and it re-produces its like. Just as yeast added to malt liquor, after fermentation, gives back yeast a hundred per cent. in volume, so the fever unchecked in the end returns to us the germs of contagion increased in quantity a thousand-fold. Every brewer knows well enough that if he were to wrap a cold wet sheet round a barrel containing liquor in process of fermentation, that operation could proceed no further, the necessary heat having been withdrawn. Just so would

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wipe out the spots on the face of the sun! It is another attempt by withdrawing public attention from the failures of physic, and concentrating it upon a new antidote, to defer the final day of account between the peoples of Europe and an inert drug practice. Kochism, like Pasteurism, will have its day, and then,—there comes the discredit and disgrace! The question still presses,—drugs or sanatory remedies? Which?

it happen to a fever patient treated in the same way. Wrap him up in a wet sheet, as the Hydropaths recommend and practice, or plunge him into a cold bath ; or submit him to a Turkish Bath at 250° and the fever is at once stopped in its wild career. The fire is put out, the life is taken out of each germ, and the only remaining precaution is to see that the smouldering embers are thoroughly exterminated. A series of baths for several days will accomplish a permanent and healthy cure. And without any sequelæ. Mark that, ye of little faith.

Not only, therefore, is contagion a cultured product, but the sequelæ, the after consequences of a disease mismanaged from its commencement, are also a manufactured article ; they follow in the train of Allopathic blundering, sequences of an effete and unnatural drug treatment.

Check the fever by the application of cold water or heated air, and there can be no contagious germs generated, the process of desquamation is left out, and no sequelæ can ensue. Fever is a simple disease taken in hand at once. It requires a bathman and not a doctor, a nurse and not a physician. Drugs cannot cope with a fever. Neither doctor nor drugs are of any use whatever. Hence, when a medical man is sent for, he distracts attention from the fever, over which he has admittedly no power, to minor symptoms where he may exert some noticeable effect and retain the confidence of those who trust in him ; but, as I have before observed, the course above-mentioned is as often wrong as right. It is not always wise to stop a diarrhœa, or to check a sickness ; nature's operations are more trustworthy than professional fads. Capt. Shaw, without his fire brigade, is not more helpless to check the raging and spread of a fire in Cheapside than is the Allopathic doctor to govern or control the burning fever of a stricken patient. Every step the physician takes from his first order to send the subject of fever to bed, to every change of medicine he resorts to, is a useless step—a step which helps the fever in its strange after developments of contagion and sequelæ.

Medical authorities agree in the theory that infection from the human subject only occurs after the fever has run its course, and is followed by despumation, or, as it is generally termed, desquamation, wherein the matter, coursing in the blood during the Fever, has exhausted its peculiar energies, and remains inert until it is excreted

by the skin and other functions. There is, therefore, no infectiveness in a patient during the invasion or domination of the disease; infection only shows itself in the last stage when the fever declines.

If the fever, smallpox, scarlatina, typhoid, &c., were arrested in its earlier stages, as I contend it ought to be and can be most successfully, there could then be no "infective matter" generated. Medicine cannot arrest a Fever. In fever cases physic has been helpless through all the centuries. Excessive heat or cold are the only elements in nature armed with the power to destroy the fever germ at each stage, the sooner the better, no doubt. The means are simple—too simple; they are effective—too effective; and they are, as near as can be, independent of human aid or skill—too much so, perhaps, for the drug agent, who, if he cannot do everything in a cure, prefers to do nothing and wait the course of events. Fatal choice.

The development of fever in the patient, it is admitted, is analogous to the fermentation of wort, and just as excessive heat or cold will check the fermentatory process in the beer undergoing that operation, the same means will check the fever in the patient and stop all further deleterious action in the blood; and the only object remaining to be thoroughly carried out, is by repeated baths, producing a strong perspiration, to eliminate the dead matter still clogging the circulation. If this dead matter is not removed it will be stored up, nature selecting the weakest function or tissue for that purpose, and then some other disease, the after-consequence or sequela, supervenes, and the second state of that patient is worse than the first, and pneumonia, bronchitis, convulsions, atrophy, diarrhœa, etc., come in to terminate the struggle for life, or to render anything in the shape of a cure more difficult and uncertain.

It is clear, therefore, that if proper treatment were applied in the first instance to the fever, there would be, as a result, no infection; and if no infective matter were developed, and it can only be developed when the fermentatory process is uninterrupted and completed according to laws which chemistry has revealed to us, there would be no after-consequences or sequelæ. Thus the two evils attending a defective method of treatment, infection and sequelæ, are the result of the inefficient means employed by the physician, and are not the necessary concomitants of the Fever.

In all the fevers, and I make no exception, the infection and the sequelæ are purely artificial products, the tribute which nature exacts for misdemeanours in the management of disease.

The high mortality from death-causes which are the sequelæ of the exanthematous (eruptive) diseases, shows how unavailing are all the efforts of medicine, and how necessary it is, if we would prevent this wasteful oblation offered to an effete system of treatment, to change our methods without dallying with the means at our disposal.

The people have no conception of the importance of this subject. A false system of certification, false in its varied modes and bearings, hides from the people the true death-causes, which, having their origin in fever, are disposed of in columns marking the mortality from the sequelæ.

Fevers have their origin in blood-poisoning. Fevers mismanaged result in fatal diseases which frequently terminate in death. Blood-poisoning is, in fact, the truest of all death-causes. Dr. Ogle, in the Registrar-General's Department, has succeeded in eliminating this death-cause, blood-poisoning, from the annual returns of deaths. Dr Farr retained it up to the last moment of his life. Dr. Ogle has struck it out; it is a death-cause too startling and two true for the mystic methods of medicine. Dr. Ogle showed me a book in his office registering the names of 1,000 diseases inimical to life. An electric current from the powerful dynamo of common sense directed on to those 1,000 names (excluding accidents and violent deaths), would melt them all into one—blood-poisoning.

If medical men had their interest in health, not in disease, blood-poisoning, as a death-cause, would soon find its way into the Registrar-General's Returns. If generally known that blood-purification were so grand an element in life and health, what an incentive it would be to avoid blood-contamination from whatever cause. Tobacco, no; it affects the nervous system, and injures the health. Nicotine is fatal to life. Alcohol, no; it deranges all the tissues and forces of the human frame; it renders the subject more susceptible to disease influences. It limits the duration of life. Overcrowding, no; it impairs the blood, and opens the door to pestilence and plague. Too much flesh eating, no. It lowers the resisting powers, and nurses diseases which cut life short midway the journey. Where one devotee

arrives at the other side of the stream in safety, twenty-five perish in the vain effort to reach the shore.

Infection and overcrowding principally affect the poor.

Tobacco, alcohol, over-feeding, and other evil propensities, affect and afflict all classes. Whilst the animal creation have only two disorders, hunger and thirst, man has nine hundred and ninety-eight superadded—on the authority of Dr. Ogle! Can we wonder?

I have, of course, only mentioned a few of the evils which are detrimental to life. It would not be of service to me at present to go into minuter details.

I now resume the thread of my discourse.

What is infection or contagion, regarding them as synonymous terms?

Infection is not, on the one hand, a volatile alkali or salt, having a ready disposition to evaporate; nor is it, on the other hand, a vaporous elastic fluid, visible or invisible, floating in the atmosphere. If it were either of these it would, like ammonia, the carbonate of ammonia, chloroform, or carbonic acid gas, exert a uniform effect upon human bodies irrespective of age, sex, or constitution. Infection is a body having form and weight; it is an egg, a sporule, a germ, or an atom, having within it the principle of life when it meets with the conditions suitable for its germination and growth.

Let us look closer into this infection scare. Suppose an individual were to visit a house where there was a patient in smallpox, and that the fever had passed the crisis when infective matter was thrown off by the skin in the process of desquamation, and that there were particles of such matter in the circumambient air. Some of these seed germs alight upon his hands. Well, what if they do, they cannot infect him? Others fix upon the face and neck. These are harmless as a sheathed dagger in the visitor's side pocket! The office of the skin is not to absorb, otherwise infective matters would be a terrible source of danger. The skin is an excretory organ, eliminating from the blood, by the glands, all the waste of the body, the dead ashes, the dirt and rubbish which must be cast out, lest by accumulating it should interfere or choke the action of the circulatory system. If you wish the skin to absorb, then the material must be rubbed in by sheer physical force. But we do not rub in the infective substances

which, as we have assumed, have, settled upon the hands, face, or neck. No. Then how can they infect? They cannot do it by coming in contact with the skin; it is impossible. Infective particles are as innocent of mischief as any other poisonous substances which are manipulated every day, by chemist or analyst, with impunity. Infection is an animal poison. The most subtile poison yielded by the human subject is believed to be found in the female after death from puerperal fever. This poison is infinitely more concentrated than infection, and yet an operator in the dissecting room may retain upon his hands as much of the virus as, if inoculated upon the blood directly, would destroy all the students in the room.

Again, let us suppose these infective particles, in suspension in the air, should find their way into the mouth. They settle upon the tongue and neighbouring tissues; they mix with the saliva, and travel into the stomach. Well, if they do, nature is prepared for that event, and they are excreted without injury to the body. Poisons must be very powerful before they can overcome the filtrating and excretive forces resident in the stomach. Infective particles from the patient are so subject to dispersion by natural currents of air that their congregating together, in a given space and in sufficiently concentrated form, so as to infect the human body through the agency of the stomach, is almost a physical impossibility. If this were otherwise the fever hospital would be as redolent of danger as the air in a pent-up coal mine, instead of which infection is rarely communicated either to doctor, clergyman, nurse, attendant, or visitor.

Nor could infection obtain an ingress to the blood by gaining admission to the lungs. The infection is too gross to pass the film tissue which holds the blood within its protective grasp.

It has been said that medical men do contract and die of fevers. Occasionally. If they were all alike healthy, they would not. Individual members are injudicious; they are given to over feeding, they drink and smoke, they indulge in other excesses, and they are then as easy a prey to depressing influences as their neighbours. "Art thou also become as one of us?" Certainly. Disease is no respecter of persons. Death is not affrighted by shaking a diploma in his face.

Then, lastly, suppose some germs settle upon the clothes of our visitor. What would ensue in that conjuncture? The germs could

not come to life in the coat, shawl, or bonnet? They would be as harmless to poison you as a quarter of an ounce of Prussic acid spilled over your Inverness cape! What would become of them? Heaven only knows. As for myself, I do not care. I should not mind if a thousand of them were at this moment scattered about my dress. The physician, the curate, the Bible colporteur, the rate collector, or the ordinary pedestrian, in passing down the streets where poverty and disease hold high carnival, will inhale and swallow hundreds of these germs, and their clothes will collect them by thousands. What matters it? The germs, seeds or atoms, are not dense enough to do mischief, and nature, at each common avenue to the human frame, has placed her guards who are sleepless, watchful, and discreet.

The only true soil where infection—whether from general causes or from the person—can vegetate, is the blood. Expose that current in open wounds, whether in vaccination or by accidents, in sores or ruptured blood vessels, and the seeds of infection, in quantities which would be harmless to the sound and healthy, will germinate and assert their right to live in spite of the fact that life to them means death to man.

Infection from insanitary surroundings is more common, dangerous, and powerful. Why so? For the simple reason that it is more confined, more concentrated, and more active. Take a house where the drains are defective under the kitchen floor, or where there is a direct opening into the sewer, the work of rats or a giving way of the soil; in both cases the fumes from the sub-soil, or the sewer, are being given off for days, weeks, or months, until the air in every room in the house is saturated with fever germs. A person must be very healthy indeed who can escape the contagion under such circumstances. Or take another instance. Go into a common lodging house where the air is seldom changed, and is generally charged with infectious matter; sleep in overcrowded rooms where doors and windows are stuffed with dirty rags, where the inmates, each one, has a more or less diseased habit of body, and where every condition necessary to initiate a first—not last—specimen of fever is present, and say who, in these fever dens, has a right to anticipate a day's freedom from smallpox, typhoid, or scarlatina?

Then, you may ask, "Is it fair to conclude that infection from the

person, from the ordinary causes so frequently urged by the profession, may be regarded as a fiction, having little or no existence apart from actual blood-poisoning?" I answer you in the affirmative, decidedly. "The danger from infection, the result of unsanitary surroundings, is only more dangerous, then, on account of its density, whereby the fever may be contracted in two different ways, first, in blood-poisoning by reason of open wounds; or secondly, by inhalation, affecting the mucous membranes lining the mouth, throat, or air passages, or by passing repeatedly and for a long period into the stomach, and thus, in the process of assimilation of the food, infecting the body through the blood?" You have correctly interpreted my meaning. Now, pass on to other considerations.

Necroscopic poisons, that is the poisons met with either in *post-mortem* examinations or the dissecting room—animal poisons—are the most dangerous and fatal, and of these the poison found after death from Puerperal Fever is more dreaded than any other.

But anatomists or students, in their ordinary pursuits, do not suffer from the infective matter unless blood-poisoning is effected by reason of some hitherto concealed scratch, abrasure, or puncture of the cuticle. There are instances where the "fluids in the serous cavities," on coming in contact with a healthy skin have yet caused "a smarting pain" for the moment, but the mischief ended there.

I have mentioned this fact to show that if the mortal necroscopic poison from a patient after death, when decomposition has set in, has no power to injure a whole and healthy cuticle, the infections from the ordinary fevers, from living subjects, cannot be serious or occasions for such alarm as they are generally represented to be.

All infective matters, so far as I can gather, from the human subject, either during life or after death, are harmless to the touch or to the skin, unless actual contact with the blood, as in vaccination, or accident, resulting in direct inoculation, can be compassed.

It must not be forgotten at any stage of my argument that infectious matter from a fever is not a necessary sequence of the fever. It marks the incompetence of physic as a remedial system. Infection is an artificial product. Its development may be prevented by sanatory treatment, but not by medicine.

Touching these necroscopic poisons, medicine has no specific or

treatment. Dr. Copland, in his "Medical Dictionary," Vol. 3, part 1, page 402, treating on the morbid influences of these poisons on the human subject, asks, What are the measures likely to increase them? and in reply he says, "I could not hesitate to answer, those very measures which have been hitherto too generally adopted to remove them." He further quotes Dr. Colles on the same point, who says, "Whatever difference of opinion may be entertained as to the nature of this affection (necroscopic poisoning), it will be allowed that, although some few have escaped, yet the plans of treatment hitherto pursued have all proved quite unequal to contend with so formidable a disease."

Dr. Copland published this volume in 1858. Medicine has not solved the question, or discovered a specific for this disease. Medicine never will make that discovery, and yet a cure is within reach of every patient, but its simplicity is fatal to its adoption.

Relation 16.

I met my family doctor one day, Mr. T. Scattergood, of Leeds, with his hand bandaged and his arm in a sling. "What is the matter," I observed. "I have poisoned the hand in carrying out some dissecting operations, and it gives me much pain and some anxiety." "Would you like it cured?" I suggested. "Yes, I should," he replied with a smile indicative of an idea that matters were going too fast when the patient was advising his own doctor. "Well, then," I continued, "go and take a Turkish bath every alternate day for a week, and you will have no need for these attachments." "Do you think so?" he remarked. "Yes," I said. "I do not think, but I feel quite certain on the point."

For several days afterwards I saw him still with the sling for a companion.

Within a week of my last seeing him I met him one day, apparently in a great hurry, but having cast off his *impedimenta*.

I suspected how the disorder had been removed. In the evening I went up to the Baths, and on enquiry I found that the doctor had taken advantage of my prescription without either offering me a fee, or expressing his thanks for the cure. The matter was not referred to again by either of us, and I did not, at the time, imagine I should ever need to publish the facts.

This event happened about the year 1868-9.

The above Relation shows that there is a remedy for necroscopic poisoning, and that whilst there is no specific in Medicine, Nature has not left man without the means of cure for these concentrated viruses:— 1, For the infections of the exanthemata under defective treatment, or 2, for the fevers which are the consequences arising from unsanitary surroundings, uncleanliness of person, or diseased condition of the body. There is a oneness or uniformity in the action of all these

infective matters terminating in blood-poisoning, and there is abundant evidence of a uniformity in their cure, viz. : By destroying the life principle in each germ by the hot air or cold water bath, and by subsequently eliminating the dead matter from the blood by the skin, through the direct agency of the same baths.

There is nothing absolutely new in this treatment. It is as old as our common nature. The cold water treatment was the divine remedy when civilization was in its earliest stage, nor has it been revoked. It was anticipated in the very structure of the skin. God's works are always perfect in themselves. The Eternal Creator has not sent man into the world without any adequate provision for throwing off infections, or poisonous matters, which were sure to meet him at every step in his progress through life.

Of all the fevers or maladies the direct result of blood-poisoning, Medicine men say, " We have no specific for them. We cannot cure them. The plans we have adopted so far to remove the morbid effects of such poisons have ended in intensifying them."

Man has no remedy for the fever group of diseases. These fevers, their complications, or their sequelæ, comprising three-fourths of the disease seeking treatment from year to year, must henceforth look to simpler and diviner aids,—to a nature cure which is simple in its action, as it is uniform and paramount in its results.

If I am chargeable with repetition in this, or any other chapter, it is because of my anxiety to drive my lessons home.

Under Sanatory Treatment no Contagious Matter is generated or evolved. By the application of Cold Water in Hydropathic Practice, or Heated Air, as in the Turkish Bath, the Germs circulating in the Blood are destroyed, and the Dead Matter is excreted by the Skin Functions. Infection and its sequelæ are thus circumvented; they are not the necessary sequences of the fevers, but they are the Penalties exacted by Nature for the Mismanagement of Disease under an inert Drug Treatment.

I enforce this part of my subject by relating a striking incident.

In Nov. 1889, I came up by the 4.40. p.m. Scotch express to St. Pancras. A gentleman joined me *en route*, and as we were alone I lead off a conversation, and soon discovered that my companion was a Physician, a specialist, resident in a Midland city. He was intending to pass two or three hours in Town at a meeting of trained nurses that same evening, and was returning by the midnight express so as to be home for business early on the following day.

I informed him, *inter alia*, I was much interested in the Sanatory treatment of disease. "Ah," said he, "I should be with you so far as Scarlet Fever is concerned. When I was at College, the Principal had a case, in the person of a child, about 6 years of age, and he requested me to give 'a pack' to his little patient. I did so, and I was much struck with the result. The fact is, the Fever was checked, the child was not laid up, it played about all day, ate its meals regularly, retired at its accustomed hour after a tepid bath and a rub down, and slept well. This was repeated for three days, and the child was all right. I have since tried the same treatment upon a patient, and with equal success. So great is my faith in Sanatory resources for Scarlet Fever that I consider *it is almost criminal in a practitioner to resort to any other treatment for that form of disease.*" I said, "*Has it occurred to you that checking the advance of the fever you accomplish two other objects, viz.: the disease not "running its course," there can be no contagious matter generated or diffused, and by withdrawing from the blood all the germs, or dead matter, there can be no sequelæ?*" He replied, "*My studies have not led me into these questions—they are new to me.*" I enquired, "Why do you limit Sanatory treatment to one fever in particular? Would not the same remedy be as efficacious *in any fever?*" "I should think it might," he replied, "but I have only had these two cases, and being a specialist, my practice does not furnish me with opportunities to test the remedy under discussion on a wider scale. If, however, a child of mine were attacked by fever of any kind, my present views would lead me to adopt the means I have mentioned."

"The Principal I suppose explained to you how to give the pack?" "Yes, he did." "Without the explanation I may take it that you would not have known how to go about it?" "That is so." "Then when you say it would, in your judgment, be *almost criminal* for a

practitioner to treat a Scarlet Fever case in any other way, how can you reconcile that opinion with the fact that not one in a hundred practitioners amongst the Allopathic body, if he were desirous of trying the experiment, would know how to conduct a pack?" "I admit that difficulty," he said, "and really I feel that in admitting the efficiency of the 'wet sheet' in Scarlet Fever, I have allowed myself to be driven into a dilemma I did not anticipate. The truth is that Sanatory remedies are outside the practice of Medicine, and he will be a bold man who will dare to plead for their introduction." Seizing my opportunity, I observed, "Allow me to ask—Have you communicated your experience of the 'wet sheet' for Scarlet Fever during the twenty years which have elapsed, since your two cases, to any Medical Journal, to your College, or other Authority?" "I have not," he answered. "Do you not think you have been remiss in your duty both to the profession and to the public? Supposing, as a specialist, you had found some simple natural expedient of great avail, would you not communicate the fact to the profession?" "In answer to the first question, I must repeat the remark that Sanatory remedies are neither discussed, nor practised by the faculty, but if instead of being a specialist, I had been a physician treating fever cases daily, I might have adopted a different course following operations on a more enlarged area. Your second question, I answer in the affirmative. I presume you are a medical man." "Oh no," I said, "I told you I was interested in the Sanatory treatment of disease, but I had not the least idea you would infer I was a member of the profession." My companion at once assumed a different demeanour—not that he imagined he had been betrayed, as that he had been too communicative to a perfect stranger. He imposed no conditions of secrecy, and in using the incident in confirmation of my argument I am doing him no injustice. I am, however, bound in honour to withhold his name.

The following queries, on reading the above conversation, will naturally suggest themselves, viz.: How many more members of the profession are there, in this country, who have had similar experiences and who observe similar reticence? Where is the medical man, in the face of professional prejudices, who will dare to plead for the adoption of Sanatory appliances? How long is this state of

things to continue? Has not the time arrived when the public should regard its own interests in health as of greater consequence than the interests of the faculty which are vested in disease? Monopoly confers privileges on a particular class. Competition confers benefits on all classes. Allopathy has been recognized by the State, protected by Acts of Parliament, subsidized by public moneys, and pampered and petted by the great. Now that we have discovered our error, we shall have to retrace our steps and to make a new start. What we do, let us do quickly. There should not be a moment's hesitation.

Medical men are over-educated, they are too scientific for the thing with which they have to deal. It seems strange reasoning, but it is a fact nevertheless. My contention is that Sanatory science, once admitted into the domain of practice, would so revolutionize our ideas as to the simplicity of diseases—I mean the mass of diseases originating as they do in simple causes, and yielding as they do to Sanatory treatment—that we should stand aghast at our own ignorance, our own want of faith in nature, and in our own amazing stupidity in ignoring, century after century, the value of skin functions, endowed as they are with all requisite power to eliminate impurities from the blood, and thus to throw off disease-contaminations, which, if transferred to the care of the drug practitioner, terminate in aggravated disaster, in troubles of life-long duration, or in death.

I venture to state that in the treatment of the great mass of disease I speak of, the ordinary fever classes and their sequelæ, the farther you get from purely scientific medical prescription and superintendence, the more you trust to the Hydropath, the nature doctor, who restricts himself to natural remedies, and who scorns physic in its varied states, modes, and fashions, the nearer your approach to perfection in cures. Herbalopathy and Homœopathy are midway resting places between the two extremes, but they will ultimately yield to the pressure of public opinion and join hands, interest and practice, with Hydropathy.

The contest is thus narrowed to a single point,—Is it to be natural remedies in the future, or the devices of the empiric, the antidotes and specifics of the mere drug-practitioner? Which?

The treatment to which you subject yourself in physic is man's treatment, a presumably scientific treatment, destitute, nevertheless, of all true science and real skill, one outside the domain of nature, and consequently it is worth nothing to you; it is man's antidote to counteract the consequences of disobedience or neglect of great natural laws—laws meant for your good, and if you neglect them you bring upon yourself the penalties of disobedience, and the drugs administered or prescribed are the mere antidotes of the Necromancer, the Alchemist, and the Schemer; they are of no avail here, they intensify the mischief, and introduce other forms of disease worse than those they are intended to heal. Nature treatment is God's treatment, it is worth everything to you, it bears His own signature upon the wrapper, it is God working in you, for you, and by you, and in His own appointed way; see that you obey. Man's nature is formed to grow and increase; to resist disease conditions and to bring them under subjection; to eliminate morbid substances which poison the blood, and which, if left in the blood, would ultimately destroy life. Now this nature treatment, equal to any contingency, is able to repel or expel every foe, the direct consequence of disobedience to natural laws; but it stops, it is rendered powerless when man in his ignorance resorts to physic, this is a superadded evil of which man's nature took no account. The drug doctor of our day is not one whit better than the empiric of former times. His training has not lifted him above a degenerate trust in drug antidotes and specifics, and until this is knocked out of him he is worth nothing in the sphere of his active duties. And it is equally clear that reform must be forced upon him by external circumstances, by the growing intelligence of the people driving him before them, instead of the Physician being the agent to lead mankind to a simpler, more beneficent, and a holier trust in nature's remedial appliances.

It is clear that contagions, like their parent diseases, change their form and character, severe or mild, and at less or greater intervals of time, according to the altered conditions of the class of people whom they principally affect, in a sanitary point of view. Specifics or antidotes are not taken into account. Nature knows nothing of them. Jenner, Pearson, Woodville, Simon, Seaton, Marson, Buchanan, Barry, and their followers, have simply been playing a long game at epidemics

just as a lot of children from the back slums of the East-end, taken down for a day's holiday to the seaside, busy themselves by erecting a fortification of sand to stop the rising tide.

After a close perusal of the above conclusions, the question will arise in every thoughtful mind, Who is responsible for deaths which are incidental to the drug treatment, and especially those set down to infection or to fevers? Undoubtedly, the profession. Individual members would cast the burden on the Medical Colleges, upon the heads of the leading men, the medical syndicate, which control the movements of the body. If a medical man were interrogated, he would say, "I have gone through the curriculum at the University or College, and have won my diploma. I treat my patients according to a prescribed formula; what more can I do?" But what if that prescribed formula be in error? In all fever cases in error it most certainly is, and I am only dealing with fever treatment at present. Are we to stand by, see our children suffer, follow them to their graves, and endure their loss, when we know they need not suffer, need not die, just because the medical mind chooses to retain its grasp upon an obsolete mode of treatment? If the nation will not interest itself in a matter of life and death, disease and health, then the nation must share the responsibility with the profession. The nation is robust enough to settle this question, when the people are summoned to consider it, and when they understand the points at issue, and more so when the people reflect that on the next occasion any one of their number may be the first to suffer at the hands of these "lords of misrule."

We must agitate for Medical Reform. If we meet with a rebuff there is yet another alternative left. Medical men have invited enquiry by the very attitude they have taken up with regard to the absurd and heathenish practice of vaccination. Men have come to say,—If the profession can advocate Vaccination, the device of an ignorant schemer like Jenner, how far may not the same ignorance enter into and animate the rest of their practice? This is an awkward interrogatory, it must be admitted; but there is reason at the back of it. If medical men persistently shut their eyes, close their mouths, offer a deaf ear to our complaints and listen to none of our anxieties, well, what course shall we take? We must say, "Stand aside, we

will henceforth look to ourselves; our interests are ubiquitous, yours are professional. We represent thirty millions of people in England and Wales, and you represent yourselves—some 25,000 persons. Whose interests are to be considered and whose decisions are to be upheld?" To maintain a practice in direct antagonism to the wishes of the people is a fearful position to occupy. It would be no difficult task to build public hospitals with every suitable bath appliance, and to man them for the use of the people, and by a small charge per day for fever cases, to make them self-supporting, without the smallest need for professional assistance or supervision. The same power "which doth hedge" a doctor can be withdrawn and given to another, a better man than he; the charter which a Parliament has given to create a monopoly can be revoked when that monopoly is useless, worn out, or pregnant only with mischief, and free medicine or treatment may be the next decree.

In drawing my observations in this chapter to a close, I feel it incumbent on me to urge the following conclusions, viz. :—

1. That there is no volatile agent thrown off by the fever patient answering to the term infection—as distinct from contagion.

2. That infection and contagion are interchangeable terms.

3. That there is no infective matter evolved by a patient during the first and second stages of the fever,—invasion and domination.

4. That infection or contagion is a substance, a germ, sporule, or other form of matter evolved by the skin, or other excretory organ, after the crisis of the fever—the third stage of the fever—its decline.

5. That infection is an artificial product, the result of mismanagement during the treatment and is not the necessary concomitant of the fever.

6. That medicine has no specific, or treatment, for any of the fever group of diseases, their complications or their sequelæ.

7. That as there is a uniformity in the action of all fevers, resulting in blood-poisoning, so there is a uniformity in their cure, viz. : By sanatory appliances, Nature's remedy for all fevers—including Puerperal fever.

8. That all fevers are due to blood-poisoning.

9. That if fevers were checked during their invasion or domination, no infectious matter could be evolved, consequently there could be no after-consequences, complications, or sequelæ. And if fevers through neglect or delay, were only checked during the crisis, it would be to the permanent advantage of the patient, controlling the fever and minimising the dangers arising from the sequelæ.

10. That there is only one remedy in nature for the fever group of diseases, viz. : sanatory appliances.

11. That Physic is an old world remedy, and as a system it is uniformly changeless, and effete. It must be displaced by wiser methods of cure.

12. That medical reform must be the one object of the coming campaign.

CHAPTER IV.

ARGUMENT.

That Vaccination has produced a Vaccinal Diathesis in every individual subject to its influence. That Vaccination is blood-poisoning.

OPINIONS ON THE DANGERS OF BLOOD-POISONING.

"Any extraneous substance introduced into the blood modifies the vitalised or living fluid. The introduction by inoculation of mineral poisons or vegetable poisons, is hazardous, and in certain quantities, may be destructive; but *the introduction of animal products from another living body, be it a man, a cow, or even an ass, is infinitely more pernicious, because allied to it in being vitalised.*"—Dr. JOHN HUNTER.

"Matter in the transition of decay is a poison."—Fifth report of the Registrar General, p. 418.

"All decayed animal matter is poison. Vaccine virus is matter which has lived, is dead, and when vaccinated is in a state of putrefaction; and therefore, a poison."—*Anti-Vaccinator* for 1873, edited by THE AUTHOR.

"Scrofula, syphilis, scabies, mania, leprosy, etc. (in fact, all blood diseases) are communicable by vaccination; and are propagated to a very considerable extent by that abominable and monstrous practice."—*Ibid.*

The virus of Vaccination, as an active morbid agent, has created a vaccinal diathesis in thousands of homes in this country; wide as the observance so wide-spreading has been the mischief attending the practice. There are perhaps few families in England who can claim exemption from its baneful effects. Like the Hydatid, the vaccine poison works its way into the weakest functions of each child exposed to its sway. Once introduced into the living blood it is a permanent tenant. To exorcise this evil spirit is a task beyond the ingenuity of the operator. It lives in the infant life, grows with its growth, and collapses only when death puts an end to the conflict. Do you say this is an exaggeration—a phantom of the brain? Mark you then the slow but effective working of the special poisons of tuberculosis, cancer, syphilis, scrofula, etc., and how each distinct poison will pass from parent to child, sometimes from generation to genera-

tion, occasionally skipping one generation and showing itself in the next. Who can say when a Phthisic, a Syphilitic, or a Scrofulaic Diathesis dies out? If, therefore, the observance of Vaccination were discontinued, the vaccine Diathesis would not expire with it? Certainly not. This influence may be felt for many years to come. Children unborn may succumb to inherited tendencies, leading to fatal results, without there being any person able to trace the history of each case from its proximate causes up to its ultimate effects. And I conclude that as the poisons of Tuberculosis, Cancer, Syphilis, or Scrofula, and their progeny, may continue for ages in particular individuals, and from them descend to their offspring, so it is with the vaccine virus, and therefore I argue that there has been, by legal enactment at the instance of the Profession, communicated and established, a sort of national vaccinal diathesis prejudicial to the health of the people, and involving the race in consequences which are as unnatural as they are malignant.

With regard to the vaccine diathesis of which I am writing, I say that medical men have not considered or grasped the importance of this pathological development of the observance.[1] Just the same error was made two centuries ago in the matter of Inoculation. If Medicinists had shown ordinary discretion when Jenner introduced the craze of Vaccination, their concurrence would have been difficult to

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[1] During the greater part of the last century the poor, with an unerring instinct characteristic of their order, were the first to rise in open rebellion against the practice of inoculation; they saw its dangers when the medical practitioner could not, and their persistent opposition was the principal factor which led to its discontinuance. The common sense of the people with regard to inoculation, or vaccination, is as able to reckon up its merits or demerits with as great precision as a skilled medicinist. The operator of to-day, when he was a student, never read a line on the subject; in no examination was there ever a question asked, and there was not a single effort made by speech or lecture, in hall or college, to explain the how, the why, or the wherefore of the observance. Ask any medical attendant to-morrow to formulate his ideas in writing on this many-sided subject. If he be an honest man he will acknowledge his ignorance. If he aver his ability to do it, put him to the test; ask him what the vaccine is, and whence it comes? what principal guides him and what good he hopes to assure to the patient? Ask him if he can guarantee the absence of syphilitic or other taint? If he should say, "I can give no such guarantee," tell him to begone about his business and not to come again till he is armed with a written guarantee. It is a matter of some importance to you to be satisfied if that were possible, that the lymph is a simple poison and not a compound poison. Be advised, reject the observance; but if your child is to be poisoned, it has a better chance certainly to have one poison to fight with rather than two or three mixed together and intensifying each other. One, two, or three,—each is antagonistic to child-life!

obtain. The Profession is now committed to it, and see how eagerly the members of that learned body snatch at Pasteurism or Kochism because each in its way favours their pet theory, Vaccination. We shall see also whether they will accept the new Crookshankian idea for nurses and recommend inoculation with "attenuated" small-pox virus, "with the precaution to prevent the spread of infection." These blood-inoculators are always at variance with each other. Truly, when doctors differ, who shall decide? Who? why common sense. Creighton says the Jennerites were wrong because cow-pox is more allied to the great pock (Syphilis) than to the smallpox. In this he is mistaken; that Syphilis has been picked up on the road is not only possible but probable. Crookshank argues that "*the viruses in use have been derived from several distinct and severe diseases in different animals.*" What a horrible idea this statement conveys. Shall we wait whilst these discordant voices tune their vocal chords? No, we have discovered for ourselves the true pathological principle which ought to have determined the controversy generations ago, viz., the unscientific, the irrational, and the dangerous principle involved in the operation —blood-poisoning. In its tremendous issues, both upon infantile and adult life, no view of Vaccination can equal it, it has no parallel. And yet, Jenner, Pearson, and Woodville, in the early history of Vaccination, omitted any reference to it. In later times, Simon, Playfair, Seaton, Marson, and Buchanan are equally silent on this point. What is more paradoxical still is the fact that Creighton and Crookshank have not indulged in a single reflection on this phase of the subject. There is in the different branches of the profession a conspiracy of silence with regard to the question that is remarkable, if it be not an augury. It is to the blood-poisoning that the vaccine diathesis now under discussion is attributable. In this view it is immaterial to the argument whence the virus is derived, whether from the horse, the cow, or even from man. Horse-pox, cow-pox, or small-pox, the virus is effete, morbid matter. In Jenner's day John Hunter was perhaps the only specialist who, with one wave of his wand, could have smashed the practice into atoms. Baron, the historian of Jenner, hints that Jenner had mentioned his ideas about Vaccination to Hunter, but there is not a particle of evidence—as I have previously observed in a note—in support of the suggestion. If Hunter had heard

of it in its native hideousness, he would have cursed it in no measured terms. Nor would he have spared his own pupil, Jenner.

Dr. Creighton could break up Vaccination piecemeal, treating it on its pathological side, if he had courage enough to fly in the face of the "great Profession" of which he speaks so tenderly, and which he adorns; but that is a sacrifice greater than we can expect him to make. Prof. Crookshank might do the world a magnanimous service, if he were not tongue-tied by similar considerations. How sad it is to reflect that scientists stand in awe of their own college authorities. The public must now put this and that together, and determine as to what means are to be adopted to terminate a state of things so absurd, if not repulsive.

I know there are many medical men who have no idea how Vaccination came to be fastened upon the people by legal enactment.[1] In ignorance of the history of Vaccination, and objecting to it in their consciences, they reconcile themselves to the operation by reflecting that "it is the law," and if it is the dangerous thing they believe it to be they are relieved from the responsibility because Vaccination is "the law of the land." They do not know that in its initiation, as in every successive Act of Parliament drawing the cords of com-

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[1] In the winter of 1871-2, I was out walking with two of my children in the suburbs of Leeds, when I met Dr. Jas. Braithwaite, the editor of *The Retrospect of Medicine.* He observed, "If these are the unvaccinated they are very healthy specimens." "Why should they not be healthy," I observed, "they are God's handiwork? not to be improved by a meddler and muddler like Jenner." "Well," he remarked, "I am not able to discuss the vaccination question with you—you are by long study an expert. As for the faculty what I say for myself I say for each one—vaccination is viewed by us as a thing to be done; it is the law, and we carry it out without making many serious enquiries. We do not admit responsibility for the legal enactment." I said, "We cannot accept an alibi. From the first to the last, in its inception, its enforcement through every stage in the House of Commons, its rewards, its pains and penalties, its consequences and its failures, you can never shift the burden of responsibility for the legal enactments from your own shoulders." "Now," he remarked, "you must not forget it is three generations since Jenner established the practice." "That matters not," I said, "every act of vaccination is a practical indorsement of his absurd theory, and a fresh acceptance of personal responsibility for it." At this point we separated, he to vaccinate, and I to oppose.

It is this general ignorance on the subject under review, pervading every branch of the profession from the highest to the lowest, which elevates the common sense thinker to a platform higher than that occupied by his own medical adviser. The individual members of the faculty, seeing the difficulty, are above all things anxious to defer the day of reckoning, hoping it will not come in their time. There is a grand awakening going on, which sooner or later, I hope sooner, will demand a final closing of the controversy.

pulsion tighter round the necks of the people, whatever has been done has been accomplished, as Dr. Creighton well expresses it, "on the warrant of Medical authority."

If Jenner could be interviewed as to Vaccination, he would probably say, "I blame my education in the ways of physic for leading me astray. I was taught to believe in antidotes and specifics, and in my desire to deal with smallpox epidemics I naturally fell into that groove." Vaccination was the sequence to the false teaching, and the equally false practice of medicine.

However charitably we may view Jenner's career from such a standpoint, there is another consideration which robs it of its significance. I can never forgive him for abandoning his search for a drug-specific, and uniting himself to an antidote, the essence of a filthy disease of horse or cow. This transcends in the beastliness of its origin every former blunder of the Faculty. Jenner was the uncrowned king of filth. No other man before or since his day can justly put in a claim to be his equal.

The profession has not purified itself from the degrading influence of the trust in antidotes and specifics upon which its practice is founded. In taking a broad survey of the scope of medical practice, the vulgar adherence to antidotes which defiles its escutcheon is the pervading error that mars its usefulness, and stands in the way of its future career in the public service. Antidotes and specifics will have to be renounced. The true physician must hereafter place his whole confidence in sanatory remedies. Let him reject that principle, let him continue to nurse the worn-out practices of past ages, he will find it to be a broken spear that will pierce him through with many sorrows.

Now to continue the argument. The maintenance of Vaccination is necessary to Medicine. Vaccination, as a therapeutic, is the main support of the medical system; it is the key-stone in the arch which carries the full weight of the Allopathic super-structure. To attack Vaccination, therefore, is to attack the system upon which the fabric is erected. The Profession, collectively and individually, is pledged to the hilt in one solid phalanx to resist attack, whether from individuals or societies, and the full strength of the Faculty, official or unofficial, is at this hour in a state of mobilization, ready to defend

the rite from any quarter whence the attack may be delivered. The authorities of the Local Government Board will fight to retain it, even to the last ditch,[1] and every means, within their reach, will be resorted to in this behalf. So that the battle now waging before the Royal Commission is a contest where infinitely greater issues are at stake than the one as to whether Vaccination is right or wrong in itself. Oh yes, do not let us be misled by hypocritical pretences.

The main issue—so far as the profession is concerned—is that the principle of specifics and antidotes involved in this controversy, is now challenged, and if Vaccination were to be surrendered, then the gates of the citadel are thrown open, and the city, with its treasures, lay at the feet of those who have beleaguered it. Once give up Vaccination, and the dogmas of specifics and antidotes will receive a blow from which they will not recover. The battle, therefore, is a hand-to-hand conflict. Life and death, reputation, influence, and the power to get wealth, these are the circumstances, which, by the Faculty, are regarded as the points that need protection.

The true issue which ought to be before the Royal Commission, is, I consider in the background, hidden deep down out of sight, covered up beneath a mass of verbiage, which renders it difficult of disentanglement: the shadow is the only thing perceptible, the substance is *incognita*. It is ours now to bring the whole thing before the public in its naked ugliness. If there is a skeleton in the cupboard, and there is no doubt on that head, let us throw the doors wide open, and

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[1] In the last ditch, I humbly predict that the last body taken out for the purpose of identity will disclose a card bearing the inscription, Dr. J. C. McVail, President of the Sanitary Association of Scotland, and the author of the silliest book Scotland has produced of late years—"Vaccination Vindicated."

I called upon Cassell and Co. some months since, for an estimate for printing this book, and when I said the volume was on the Vaccination Question, they replied, "No, we have just printed Dr. McVail's book, and we mean it to be the last we shall print on the subject." Messrs. Cassell and Co., to whom we are, as a nation, much indebted for the high character and tone of their publications, have lately discovered a new mine, called "The Family Physician," because it pays better than works like Dr. Creighton's "Cowpox and Vaccinal Syphilis," also published by the same firm; Dr. McVail's "Vaccination Vindicated," or my "Sanitation or Vaccination." I have no cause of quarrel with them,—a straw shows which way the tide is flowing. "The Family Physician," a most useless book, is now coming out in monthly parts. May the Gods be kind to those who use the physic prescribed in it. Dr. Edward Johnson's book, "Domestic Practice of Hydropathy," is worth a score allopathic works compiled with the same object, that of being a help to the family. I speak advisedly. Let him take warning who will.

let in the light so that the English-speaking race may see it for themselves.

I am correctly defining the situation when I say that if Vaccination were proscribed, the fate of Pasteurism and Kochism would be sealed,—the three must stand or fall together. A principle is at stake—blood-inoculation as specific or antidote. Can that principle sustain the shock which is now directed against it. It cannot. No power on earth can repel the force of the attack. As I have urged, the principle upon which Vaccination is founded is now doubly abhorrent, when *blood-inoculation*, in the light of facts, becomes *blood-poisoning*.

Physic cannot bear the piercing rays of the sun. Its immediate surroundings, outskirts, *boulevards*, purlieus, and *environs*, are enveloped in a darkness that we may grope through eventually ; but the murky atmosphere around it is one that never sublimates, whether you use acid or alkali, heat or cold.

There is another grave issue which has been kept out of sight also. It is not included in the terms of reference placed before the Royal Commission. Neither Simon, Seaton, Marson, Thorne, Buchanan, nor Barry, have ever once mentioned it. No medical expert examined before the Commission has had a single interrogatory put to him with regard to it. Dr. Lyon Playfair has not ventured to address himself to its investigation. It is the question of all questions on Vaccination which has not been answered, nor has any attempt been made to answer it during the controversy. The mention of the very word in the ears of medicine chills the blood, palpitates the heart, and scorches the brain. "What is it?" Ah, you may well ask what it is. If it were once admitted as the subject of scientific investigation, it would be the death of Vaccination. Vaccination lives, only till that question is brought up for settlement, and till the nation demands a full explanation.[1] "But what is the word? I fail to see it." Do you?

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[1] There is yet another point which must not be omitted. The leaders in the Vaccination movement, whom we call our opponents, are perfectly aware that Vaccination is answered ; it is condemned ; but they dread to give it up—Firstly, because of the money value to the profession ; Secondly, because they do not care to interfere with the disease conditions of the country. They argue, How do we know what may follow when once Vaccination is abandoned. Thirdly, their reputation is involved to such an extent that they dread the revulsion of

Then you are no expert! The word is,—

Blood-Poisoning.

I put the point, which ought to have been one of the terms of reference submitted to the Royal Commission, thus :—Has science sanctioned the principle of blood-poisoning with effete animal virus as a curative agent? Never. Have scientific societies, or independent scientists, discussed this subject with regard to its bearing on the vaccine operation? Never. The point has always been shelved or evaded, and the reason is, I submit, because the vaccinator knows that to discuss it would be to secure the condemnation of the practice, and medicine is not prepared for that ultimatum.

The question of blood-poisoning, as the very basis of Vaccination, and as a distinct issue, has received no consideration at the hands of the faculty, and the silence which has brooded over it in the past will be continued in the future. No scientist has dared to introduce the subject into Lecture Hall or Class Room. To bring this argument

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feeling which will be manifested when the people see Vaccination in its true light.

When Vaccination is discontinued what will happen? Why this. All our prognostications will be realized as in the twinkling of an eye. Disease, retained at high pressure under Vaccination, will suddenly fall so low as to satisfy the most timid that in keeping Vaccination alive the nation has nursed a monster whose thirst for blood allies it with the carnivora! The death-rate will respond her 20,000 decrease in the rate of mortality, or more, the first year, showing the relation of cause and effect. And—what will the Vaccinator say then? He will be dumfoundered.

Are you not going too fast? No, we know the doings, the capacity for mischief, of an arch-offender, impenitent, implacable, and whose footsteps have been traced in human blood from the first moment his feet touched our soil. We have marked the footprints, the impressions are so big they will fit no other feet; besides which they are not of earthly mould!

Who can wonder that Medicine wishes to put off the evil day? The day of final judgment will be a day terrible in its consequences.

The regrets will be sincere enough in their way. "Sorry Vaccination has gone. He had arrived at a good age, though. He was 98 years of age. He might have made it 100! He was a generous fellow. His largesses were distributed with such disinterestedness that it took the sting away from obligation. His annual bonuses amounted to £19,000. His annual doles through the Boards of Guardians were about £100,000. But his benefactions, of which no account was taken, done on the quiet, in a perfectly unostentatious manner, are said to have exceeded two millions per year! The profession must feel the loss of a friend like this. What will the Faculty do?" "Oh, we have resources; we have a Pasteur and a Koch as a reserve force. Some newer form of blood-poisoning will turn up. England has done her duty; we must now look to France and Germany to take up the running."

or proposition to the front is one of the prominent objects contemplated in these pages.

And it must be borne in mind that the principle of blood-poisoning, in all its objectionable features, now adverted to, applies with equal force to Pasteurism or Kochism, or any other Ism, founded on blood-inoculation, which may hereafter spring into notoriety.

See the ready acquiescence accorded by the faculty to any new departure which is based upon the principle of blood-poisoning! Pasteurism? Yes, with open arms! Kochism? Yes, with drum and cymbal! The Prince of the powers of the air would be met on the confines of space, if that were possible, with an honorary diploma, if he brought a new and morbid poison in his portfolio! This hereditary predilection for poisons, on the part of medicine men, in all parts of the world, civilized or uncivilized, is the one distinctive feature of the order in every age. And it is adhered to in our time with as much ardour as if the practice had been a success, instead of a failure. Poisons internal, poisons external—let us be thankful there is no third avenue—poisons for the stomach, poisons for the circulatory system, administered and injected—only get a poison into a patient, without regard to age, no matter what the disease or what the consequence, and the physician is happy beyond "the bliss of dreams."

On each atom or globule of poison in the universe there is written in characters of fire, "My mission is death, not Life." Observe, the suicide takes it because he knows it is "Death." Circe offers it, Cleopatra nursed it, and Socrates drank it—all knowing that poison in its insidious forms, comprehends—"Death." The savages of Central Africa, or South America, tip their arrows with it, knowing that, to friend or foe, the winged messenger is charged with a single issue—"Death." Instinct in the cobra teaches the brute that its defence is in its poison gland, whose secretion, inoculated upon the healthy organism of man or beast, involves instant "Death."

The special poisons of the serpent species are only mortal when blood-inoculation is effected. If the same quantity, which produces death when the blood is infected, were introduced into the stomach, death would not succeed—the poison is, so far as we can see, innocuous. What a marvellous arrangement of nature! So, if the poisoned matter on the vaccine point were mixed with water and

passed into the stomach, it would be just as harmless. But take the more fatal course—the medicinist is sure to hit upon it—and inoculate the living blood, and the consequence, the inevitable consequence, is disastrous. There is no way of escape from that conclusion. We may not see it within the prescribed period of eight days after the operation. Oh, no, it may be as many years or more. Nature has the power of storing up specific poisons when she cannot get quit of them through the ordinary channels. In other cases poisons permanently affect the blood, and the effect is not perceptible until a time arrives in the history of the patient when his physical powers are depressed or deteriorated, either by bad habits, anxiety, disappointment, exposure, or other influences, and then it is that the special poison is roused into fatal activity. For example, Hydrophobic poison may remain inert in the system for years. Syphilitic poison, introduced into a family, may omit the second generation, and reappear in the third. Scrofula has shown similar dispositions. The special poison producing Rheumatism may lie dormant in the blood until the subject of it reaches three-score years and ten. Workers in silver mines perish in a premature old age. A few weeks ago a lady, who had paid a visit to a fancy knife manufactory in Sheffield, said the most pitiable objects she saw were some girls who were constantly manipulating lead—their teeth were black as jet, faces pale, lips livid, and they were objects of misery from head to foot—for four shillings and sixpence per week ! A landlord of a public house, to satisfy his craving for drink in the early morning, emptied the drippings out of the little lead cisterns beneath his pumps into a glass and drank it, until a paralysis exposed his folly. I once saw a syphilitic patient with a bad knee, and the constant use of mercurial ointment, extending over a period of fifteen years, terminated in a deadly salivation, to witness which medical men journeyed for miles round. The saliva ran from the mouth in a stream, day and night ; the tongue became knotted at the tip like that of a parrot ; and the odour tainted the air so much that when the house door was open the pungent smell arrested the notice of the pedestrian. Within the last few months I read in the daily papers of three instances of blood-poisoning from very trivial causes. 1. A blue-bottle fly inoculated an open wound on the nose of a butcher whilst at work in his shop. 2. A rusty nail pierced the foot of a lady occupied

in her kitchen. 3. A wasp stung a delicate child on her arm. All three terminated fatally. But I need not multiply examples.

Oh, who can tell where the mischief of that first disease taint in Vaccination may terminate? No human eye can follow it in its slow, devious, but sure ramifications and developments in after life. Life, poisoned at its fountain-head, may hide the mortal shock for years, but when the deferred period of rest has finished and active disease has set in, there is no evidence there to convict the vaccinator. Because there was no apparent damage observable to the naked eye, at the time of the operation, people imagine that none could arise in after years, and that the operation is impuissant. This is a popular mistake. The first error, the introduction of a disease-taint from man or beast, or both conjointly, direct to the pure blood of that child is a permanent taint; it is not a transient eventuality, it is a dagger-stab at life, piercing the arteries, impregnating the blood corpuscles with an alloy whose first effect is that it rouses a strange commotion in the whole system, and whose second effect is that it communicates a susceptibility to diseases which may be, and is, a marked defect in that child's future life, but there is no one near to unravel the history of the event, or to connect the present disease with the past operation. That is true; but I suggest to you, possibly for the first time in your life, that what I allege is a physiological fact based upon experience, and, I pray you, give it that consideration which its significance demands.

I submit that the excessive mortality from inoculable diseases, diseases transmissible through the vaccine, could not be perpetuated, at their past and present rate, without the aid of some artificial sources whence the supply could be maintained. It is a horrid idea, but I believe it is categorically true. One reason why Vaccination is upheld is the fear that its unconditional surrender would have such an effect upon the death-rate, in permanently limiting and reducing it far below anything we have experienced in the past, as to bring discredit upon the profession. I say that those who are truly responsible for the continuance of Vaccination, dread to face the contingency I have suggested.

The Vaccine Diathesis, this disease taint to which I refer, has passed through three generations of people since Vaccination was in-

augurated. In its course it has picked up the poisons of Syphilis, Scrofula, Tuberculosis, Cancer, &c. ; it has become mixed with them in a heterogeneous mass, and the vaccine is sure to exhibit, as it does frequently, strange forms and tendencies, and in some instances actually producing acute diseases before unknown, and in other cases it intensifies particular disorders, rendering them less tractable and more fatal. The vaccine virus, on one single point out of all the hundreds of thousands used in a single year, allowing only two separate vaccinations per month, may pass through twenty-five vaccinifers per annum, equal to 2,250 arm-to-arm vaccinations during the ninety years the observance has been in force ! But where is the mathematician who could compute the number of vaccinifers through which Jenner's original virus has passed during the years it has been in operation, taking into account the various countries which he supplied, and how these by exchange have become so mixed as to appal the mind which can take in the idea. I have seen many children die of diseases, after Vaccination, previously unknown to medical experience, far out of reach of our nomenclatures or classifications. Some were so malignant in their character as to suggest a connection, a strong connection, with a distinct order which most probably was a resultant from the intermixture of human blood with that of the beast. I would suggest that this is not by any means an arbitrary definition. It is no exaggeration to say that I have seen many strange diseases in children which terminated fatally, and which were not human in their incipient stages, their maturity, or their collapse. Nor should such events excite any surprise in our minds. How do we know what experiments have been been made by curious and speculative vaccinators in their attempts to obtain some new emanation, some new manifestation to point a discourse or to exhibit their cleverness, and how the virus thus procured may have got into circulation by accident or otherwise, occasioning disasters now and then both formidable and virulent. Apart from accidents of this description the viruses in use have got so adulterated and aggravated in their component parts that, after ninety years of indiscriminate inoculation, they are capable of engendering diseases which are as refractory as they are lethal. The people of England are not safe with an observance like Vaccination patronized and subsidized by State grants,

enforced by penaltics, and encouraged by a profession in which our confidence has been rudely shaken of late.

Do you say I am straining my points too much with reference to "blood-poisoning." That is absurd. The name of Harvey will live for ever as the discoverer of the circulation of the blood. Hunter's name will journey through the centurics, in beautiful companionship, as the scientist who demonstrated the fact that the blood is a vital living fluid, each corpuscle being endowed with a separate existence. Is it a small matter, then, that a man who presumes to be a follower of Harvey and Hunter should ally himself with a rite whose essential attribute is that it introduces an empoisoned virus into direct contact with that living blood? That the virus, which contains within itself the principle of death, can only compass death, when thus mixed with that life-stream, is a fact which should impress itself upon the mind of every thoughtful person. If vaccination were a protection, which it is not—no, not in the most trifling degree—I should decline the process, feeling assured that some mischief would accrue worse than the disorder for which it was offered as a preventive. And that is actually the fact from one end of England to the other. Wheresoever Vaccination is practised it is an evil fraught with consequences beyond human computation, description, or management. As a system of blood-poisoning, Vaccination scorns restraint, travels outside the limits of the physicians' intentions, and gencrations unborn have to bear the penalty of suffering for diseases communicated with the virus now in use.

I once went into an electric department to see a largc dynamo at work. The engineer said to me, "If you have a watch about you, let me advise you to wrap it up in several folds of your handkerchief and place it in another pocket; the magnetic current is very strong, and if it can get at the steel in the watch, that machine will be worth nothing to you hereafter—you will never be able to depend upon it as a correct timekeeper." Take your child to a Vaccination station or to the doctor in his private practice, the Vaccine current is very strong, empoison its blood with the virus, and that body has received a magnetic and morbid taint, whose base may be Syphilitic, Tuberculosic, Scrofulaic, Canceric, Tabes Mesenteric, or any of the congeries of transmissible diseases, and in years to come, when you little think of it, a mortal

complaint, due to the seed sown in childhood, will spring up at a juncture that will not connect the first sin with the after fatal effect, and thus, and thus, are people robbed of life by a Deity whom they elect to worship, and whose priests and temples they choose to maintain.

The cloud of locusts in their flight, in sub-tropical climates, is said to be so dense that objects on the earth cast no shadow. Diseases are now so many, insinuating, and destructive, that they cast no shadow behind, and we are so accustomed to live beneath this dense cloud of disease, that he who seeks to account for it, or to disperse it, is regarded as an enemy of his race.

Contemporary and friendly reporters in the Soudan, said of the Mahdi's followers, "The points of their spears were all aflame." So are the virus points of the vaccinator charged with diseases which are the despair of remedies. A line from "Milton's "Paradise Lost" gives a faint description of the scope of Vaccination—"Havoc and spoil and ruin are my gain."

The only real difficulty I feel is this? Shall I be able to turn the full blast of these prolific sources of danger, and these occult susceptibilities, on to the observance of Vaccination, so as to illustrate, if not demonstrate, how disease conditions are amplified and diffused, and how a high death-rate from causes referable to blood-poisoning, is maintained at the maximum? The reader may depend upon it I shall do my best to accomplish the task I have set before me.

This madness of the High Priests of Medicine for blood-inoculation, each with his "juice of cursed Hebenon," is fast verging on a conjuncture when there will be no patch of the human body uninvaded by their lancets. Jenner prefers a first claim to the arm; Pasteur absorbs the abdomen; and Koch lays siege to the back, under the shoulder blade. There is yet room for two more experimentalising idiots—one on the crown of the head, and the other on the sole of the foot!

May I not truly urge the appeal of Hamlet?

> O all you host of heaven! O earth!
> What else?
> And shall I couple hell?

Oh, yes, couple hell. Hell itself explored from that deep lower than the lowest has no teaching, no practice, so degrading, unmanly

and ungodly, as that comprised in the theory and observance of vaccination.

I ask you, the people of England,—Is it not time to put a stop to all this quasi-scientific Cagliostroism? Physic, with its antidotes and specifics, in its relations to the human body, under all phases of disease, is a dead art! The exhibitions of Jenner, Pasteur, and Koch, are the final struggles of the professors of the leech-craft to ward off the impending stroke. But they will fail in this, as they fail in every other direction. Think of men seeking to antidote a small-pox, to specific a Hydrophobia, and to counter-poison a Tuberculosis, when they cannot arrest, for the space of a minute, one simple fever out of the list of our common fevers! and when they confess in the language of despair and defeat, "We cannot cure them, they must run their course!"

The grandest cures are being daily performed by Hydropathy, the nature cure of the future, without the use of a drug. Why, then should the drug be retained?

And yet here they are—the patrons of blood-poisoning—Jenner, Pasteur, and Koch, deceiving the people, cheating statesmen and parliaments, and misleading kings, queens, and princes. Amidst this red ruin the nations of the earth are thrown back upon themselves, upon nature, and upon the living God, of whom the Psalmist says: "He healeth all thy diseases." Nature is great, and God is good.

Of the blood inoculator in all countries and periods, whether in England, France, or Germany, it may be said of him, in the language of Habakkuk, "Before him went the pestilence, and burning diseases went forth at his feet." Without curing small-pox, hydrophobia, or tuberculosis, the blood-inoculator engrafts other diseases, assuming unknown forms, taxing our nomenclatures, and diffusing new disease habitudes, which, in their turn, are defiant, capricious, and incurable.

Vaccination properly interpreted means Blood-poisoning.

Blood poisoning comprehends Death

My first Illustration shows the effects of Vaccine Blood-poisoning. It is entitled "Vaccination at Work in the Homes of the Wealthy under High Sanitary Conditions."

It is often said that vaccination disasters seldom occur amongst the children of the upper classes. Not so frequently, I admit, as in the lower walks of life. No credit to vaccination in that view of the case; mishaps do occur sadly too frequently, but they are hushed up. The reason why such instances are generally so tractable is this:—In consequence of the high resisting power observable among children belonging to the gentry and nobility of England, the result of proper feeding, attention to warm clothing suitable for the season, constant exercise and free access to fresh air, and to the complete development of the skin functions in washing and bathing; neither external substances, if they exist in the neighbourhood, nor actual blood-poisoning with effete matter, as in vaccine, are capable of producing that amount of injury, temporary or permanent, which they effect in constitutions where the sanitary surroundings are more or less deficient. Disease germs incidental to infant life, the "low corpuscular forms" mentioned by Dr. Farr, in their fructification and diffusion are here observed to be subject to limited control; but the lesson for humanity in such teaching is this, that high sanitation in the child, or the man, means a high resisting and a high dispersing power, whilst low sanitation means a low resisting and a low dispersing power. Fevers are harmless or lethal, according to the nature of the soil in which the germs are transplanted. The morbid influences of disease on the human subject are regulated by a law which knows of no other qualification or exception. Health, sound and whole, is the one condition to which all should aspire, and to which every effort, personal and municipal, should be directed. It is understood that morbid matters vary with seasons, and sanitary conditions which are well known, and that they are on occasions more virulent than on the average of years, but whatever may be the nature of the epidemic, intense or mild, its effects are controlled, adjusted, or fatal, just as individuals are vigorous, depressed, or prostrate.

A splendid confirmation of my theory is given by Dr. Joseph

VACCINATION AT WORK IN THE HOMES OF THE WEALTHY, UNDER HIGH SANITARY CONDITIONS.

Jones, of Louisiana, in his work "On Contagious and Infectious Diseases," at p. 274, viz., "In many cases occurring in the Confederate Army, the deleterious effects of vaccination were clearly referable to the condition of the forces and the constitution of the blood of the patients, for it was observed in a number of instances that the same lymph from a healthy infant, inoculated upon different individuals, produced results corresponding to the state of the system; in those who were well fed and robust producing no ill effects, whilst in the soldiers who had been subjected to fatigue, exposure, and poor diet, the gravest results followed."

I have now put the principal fact I wish to enforce in as clear a light as I can; it is so important to have right views on this subject.

My desire is to impress upon the reader's mind these three points:— 1. The epidemic or the fever cannot control man; 2. Man controls the epidemic and the fever. 3. Epidemic influences are born of insanitary surroundings; they attack individuals living under insanitary conditions; they operate in the sphere which brought them into being and they seldom move out of it; and they have no power to destroy man, unless man has previously half destroyed himself.

If the poor, the labouring, and the middle classes of this country lived in fairly healthy conditions as to food, clothing, and housing; if they were alike sober, industrious, temperate, and cleanly, an epidemic five years hence were an impossibility, and before this century is closed such visitations might exist only on the pages of English history. Fevers of a lower or milder type are, equally with the epidemic, subject to management. And the same causes which disarm the epidemic, if stringently observed in every minutiæ, will ultimately secure perfect freedom from fever. This is the goal to which personal and public effort in sanitation and sanatory science may one day hope to reach.

There are two evils, not acknowledged I admit, which the Vaccinator has to guard against in Epidemic or in non-Epidemic times, and they should never be overlooked.

1st. The base of the vaccine is Smallpox virus, and its diffusion is, under any circumstances, accompanied with danger; but in Epidemic periods its distribution is obviously disastrous.

2nd. In the act of Vaccination an entrance is effected into the

temple of the human body, through the divided blood vessels, and the doors are thus thrown wide open for the admission of the many forms of inoculable and rampant diseases which abound everywhere; they are never far to seek.

I am fully persuaded that neither Vaccination nor Re-Vaccination should be attempted during an Epidemic. The operation secures a second chance to the disorder, and the patient has to run a double risk; the artificial risk, that of an open wound, being greater than the natural risk a man must incur in common with his neighbours and townsmen in Epidemic visitations.

This important fact meets with no consideration at the hands of the faculty. In the absence of an Epidemic, the cry is "Vaccinate, Vaccinate," and in its presence there is a cry twice repeated—it is then "Re-Vaccinate, Re-Vaccinate." And Smallpox increases with the panic, and with the wholesale dissemination of the virus, and the faculty will not see that the very means they, in their wanton ignorance, employ to stay the Epidemic, only intensifies it and gives it a malignity it would not otherwise exert.

The working of high sanitary influences is aptly transfigured in my illustration; but it is a disgrace to the faculty, to each member of it, that vaccination has been instigated, is continued and maintained as the law of the land "on the warrant of medical authority." Medicine does not appreciate the fact that the thinking part of the population have got the measure of vaccination, in its influence upon individual life and upon public health.

I am precluded from giving the name or history of the subject of my illustration further than to say that he is the son of a gentleman residing in the County Palatine of Lancaster. The medical man admitted the injury was due to "bad matter;" he was sorry for the mishap, but he could say no more. So far as outward appearances go, the child, I am informed, has recovered from the disease. Outward appearances, under such circumstances, are not worth much; they are deceptive and unreliable. A disease taint has been planted in that beautiful little form, to which it ought to have been a stranger. The next manifestation may show itself in Bronchitis, Whooping-cough, Syphilis, Scrofula, Cancer, Diarrhœa, or Atrophy, or the child may

go through life, with a fine constitution like his, whilst the injury, present without doubt, may lie dormant for many years, perhaps only asserting its power during the later period of life.

Injuries, such as that shown in my illustration, are not of common occurrence amongst the members of the wealthier classes. Still, they do arise and occasionally assume a more aggravated character; but the neighbours seldom hear of such disasters. Only the other day I heard of an instance where the weakly child of a wealthy family was disfigured and maimed for life. The President of a local A.V. League met the mother in the street and enquired of her as to the truth of the rumour. She knew my friend was an A.V., so she answered him discreetly, "You are correctly informed as to the fact, but our medical adviser, who performed the operation, has assured us that he took every possible care, and that it is an accident which might have happened to anybody, and we have accepted that assurance, and I cannot authorise you to notice the incident in any way prejudicial to the doctor." My friend is bound to secrecy by that understanding.

Whilst writing the above few paragraphs I had occasion to call upon a gentleman resident within two miles of the Crystal Palace. It was late in the evening and I called at his private house. He said to me, during the conversation, "We have had a sad affair in the family. Our first child was vaccinated the other day, and the wounds on the arm did not heal. In a few days the separate pustules ran into each other, and became one sore, exuding matter the smell from which was most offensive, so much so that the doctor put powdered charcoal into the arm to absorb the pus. You could have placed half a tolerably sized walnut in the sore. The sufferings of the child were pitiable to witness, and for the last three nights there has been little rest for anybody in the house. The place is now healing up; but on reflection I cannot help thinking that some permanent injury has been communicated. What do you think?" I said, "You ought not to have been so simple as to subject your child to the operation." "But what are you to do? It is the law, and the profession advise it to be done." I retorted, "That child was given you to protect. You have degraded your moral nature by submitting it to a heathenish observance at the instance of a profession whose history, from the earliest ages, has been one distinguished by error, ob-

security, and concealment. You have your own common sense, but it is of no use to you, seeing you will not exercise it." "Would you advise me," he asked, "to set myself up as an authority in opposition to the medical profession?" "Certainly," I replied, "you are free to use your common sense which is a more important factor, in such matters, than mere professionalism. The doctor is still governed by theories and methods which are as void of reason as they are of utility and improvement. You consult your solicitor on a question of law. He advises a particular course. It tends to litigation. You follow your own opinion, and you have reason to be thankful because the matter was settled peaceably and satisfactorily; but you set up your opinion against that of professionalism! Why not? When medical men advise Vaccination you ought to see that it too tends to litigation,—the remedy being worse than the disease. The vaccine virus produced a wound, a hole as you described it, in your child's arm that smallpox never contemplated. The whole theory of Vaccination rests upon fallacious grounds. "But," I concluded, "What will you do with number two when it comes?" "Ah," said he, "No more Vaccination for a child of mine." "Do you mean that?" "Yes, I do, and I call Heaven to witness that resolve."

What a startling quality of the man is his influence! If on the side of right, virtue, and religion, it is ennobling to him who uses it to promote those objects; but if on the side of wrong, sensualism, or irreligion, it is a fearful engine to drive. Geo. Graham, the late much esteemed Registrar-General, said to me, "Whatever is written against Vaccination, I shall believe in it as long as I live. I knew Edward Jenner." The late Sir Edward Baines, M.P., observed to me one day, "I cannot promise any assistance in your desire to abrogate the Vaccination Laws. I knew Edward Jenner." Mr. Gladstone when spoken to by a friend on this subject replied, "I am not an inattentive observer of the course of the agitation now going on. I keep an open mind." To a man who stands guard over his own mind it is no difficult thing to keep the gates open, and it is a pleasant thing to converse with him. It becomes embarrassing when you have to speak to a man whose mind is not in his own keeping. With such a person I never waste my breath.

Jenner's influence upon his contemporaries must have been supreme. No doubt this arose from two circumstances :—1. The natural dread of small-pox ; 2. The belief that Jenner had discovered an antidote for it. He had done no such thing. There is no antidote in nature for the small-pox, or any eruptive or other fever, save that of personal and universal cleanliness. "Cleanliness is next to godliness."

My own influence, for more than the third part of a century, has always been against Jennerism. I give two instances out of many hundreds, of the exercise of that influence :—

Relation 21.

A Nonconformist Minister, then living in the North of England, now resident in London accosted me in the street one day,—"Sir, I wish to speak to you. I have a notice to have my boy vaccinated. I am with you on that subject. Do you consider I should be justified in seeking, by a device, to avoid Vaccination, seeing that I have not the nerve to appear before the magistrates, nor have I the means to pay repeated penalties ?" "Yes, sir," I said, "adopt any device to cheat Jennerism of its prey, and to save your child from its clutches !" A few weeks later I met him again, and I remarked, "Have you succeeded in evading the vigilance of the Vaccination Officer ?" "Thoroughly," he replied, "in this way,—I took my wife and child to the residence of my father-in-law in Lincolnshire. I said nothing about our object. The family doctor was sent for to vaccinate the child. He came and performed the operation. My wife took the child into the bath-room and sponged away the virus, and nothing came of the wound. I returned to my charge. On the evening of the seventh day I sent her a telegram saying she was to come home by the early train the next morning. She did so. About 11 a.m., being the 8th day after the Vaccination, the doctor called to see the child and to give his certificate. My father-in-law informed him that in consequence of a wire the mother and child had left by the first train. The doctor made reply, "Oh, well, it is all right. I will leave the Certificate of Vaccination, and you can enclose it in your next letter." He left the Certificate, which was sent to me, and I immediately handed it to the Vaccination Officer, and it is now amongst the Archives of the Nation."

To avoid Vaccination I have recommended others to change districts, not to register births, to leave the town, to seek work elsewhere, and to emigrate to distant countries. I consider that a man is justified, by evasiveness, where open hostility is not practicable, by the use of forms or technicalities in defence of summonses, or any other reasonable means at his command, in saving his offspring from the perils of a rite which in its initiation, enforcement, and continuance, is rooted and grounded in absolute ignorance, mysticism, and falsehood.

The vaccination laws are unjust, unnatural, and exceptional. A

conscientious objector is within the pale of his duty and his obligations who measures his action, with regard to these oppressive laws, by as low a standard as that by which the various acts were passed.

The legislature in passing the compulsory act recognised the exceptional character of the law by giving a discretionary power to Boards of Guardians, and to the Magistrate to inflict a fine or not. I believe this is the only penal law which includes that option.

Relation 22.

A manufacturer spoke to me in the Club one day and said, "What shall I do? My two boys are now home from their school in Sweden, and I have a letter from the principal, who knows my objections to Vaccination, saying that in consequence of the recent Smallpox epidemic the doctor has notified that he shall visit the school when the boys re-assemble, to vaccinate those who may not previously have undergone the operation." 'Do?" I said, "your course is clear. Keep the boys from school for a month, and instruct the principal to advise you when the Vaccinator has finished his miserable occupation." "Ah, well, I have thought of that," said he, "but there is the wife to consult, and then there is the interruption to their course of study to consider." "True," I replied, "but of these, the wife, the school, and Syphilis,—think ere you act. The wife you may manage, the interruption to their studies is an objection, but not a fatal one—avoid Syphilis whatever else you do." We parted. The wife prevailed. The family doctor was sent for to perform Vaccination. About a month afterwards I met my friend again in the Club. He said to me, 'Sir, I have avoided you. I scarcely dare speak to you." "What is the matter?" I said; "I suppose the boys have been vaccinated, and you have had occasion to repent it." "That is a good shot," he answered, "and one of the boys is in such a state that, if you believe me, I cannot bear to sit at the dinner table with my own child." "I am sorry for the boy," I said, "but neither you nor your wife can expect much sympathy from me. That child's life is poisoned at its source, and what sufferings lay before him it is not mine to forecast." "We must get the boy the best medical advice we can," said the father. "What?" I suggested, "have you not had enough of medicine and its specific?" He left me with the chill of that question on his soul. I met him afterwards on several occasions, but any reference to the subject was studiously omitted. I never felt so indignant in my life as I did with this individual. A man of great force of character, able and intelligent, but in an evil hour he listened to counsels he ought to have over-ruled. His indecision brought a mischief upon his child which his children's children may have reason to deplore.

I could not blame the doctor, a personal friend of mine, who performed the operation, because he had no means of knowing the nature of the virus he had used. I blame the system, crude, heathenish, and mortal. Although "millions" are said to have perished under Inoculation, and it is quite as certain that "millions" have perished under Vaccination, yet Jenner's influence upon the profession survives! And the nations of the Earth still groan, travail in pain, and perish beneath the withering, the blighting curse of an observance which, from the moment of its birth to the latest hour of its life, never nourished an atom of good in its breast.

The Sanitarian is continually meeting with some new disease development, some hitherto hidden source of danger, showing how

small a corner of the veil of vaccination has been lifted; a new development it may be because he has not known where to look for it before, and a hidden source of danger only because he has not been half in earnest in the past in investigating the hundreds of cases of personal injury which have forced themselves upon his notice. As for myself I found it impossible to record, much less to describe, this long procession of morbid phenomena, which, from year to year, has been revealed to me, and which I am satisfied was distinctly attributable to the vaccine virus.

Turning yet to another great category of contention, I refer to the perfunctory manner in which vaccination is performed at the appointed stations, and the dangers which attend careless vaccination, I selected, from a work by Joseph Jones, M.D., President of the Board of Health of the State of Louisiana, on "Contagious and Infectious Diseases," and published at Baton Rouge, in 1884, the following series of cautions which are positively startling in their incisiveness, viz.:

1. The vaccine should not be taken from an adult, because of the liability of meeting with syphilitic taint.
2. Neither should it be taken from an infant under 3 months old, as if there be syphilis, it is most likely to be present then, in an active state, rather than at a subsequent period.
3. Prior to taking the virus from a pustule, the child should be examined—its mouth, genitals, and anus, and it should be rejected if there is any eruptive or morbid appearance about it.
4. The vaccinator should particularly enquire into the conditions of the parents as to their previously healthy antecedents.
5. The nurse should be the subject of similar enquiries.
6. In collecting lymph, for future use, great care should be observed in opening a vesicle so as to be certain that blood is not taken with the virus.
7. At the same time it should be a rule that no lymph should be taken save from the first punctures. It is always accompanied with danger to take matter from second punctures.
8. The vaccine should not be taken from a vesicle which appears irritated or inflamed, or from one which has suffered damage.
9. Parents should be cautioned against moistening the punctured spots with saliva.
10. Also that parents should be warned against applying a piece of old linen to the wounds.
11. Vaccination should not be performed when there is a very high atmospheric temperature.
12. Nor during the prevalence of cold east winds in May.
13. Lymph should not be taken from a pock too far advanced.
14. Nor from fluid which is *in a state of decomposition.*

If the reader will carefully peruse the above cautions, each one separately, he will see for himself how multiform are the channels whence fatal consequences may and do arise.[1] My observations on blood-poisoning by no means exhaust the dangers surrounding the operation. And, in the light of Dr. Jones' notes of warning, knowing what thoughtlessness is exhibited by public vaccinators where rapidity of execution is the most striking feature in the station, it will be obvious that my frequent references to the high mortality from blood diseases are under-stated rather than over-stated. In tens of thousands of instances, in each year, patients die from fevers, and their sequelæ, occasioned in the first instance by blood-poisoning, when neither parent nor medical attendant have the faintest idea as to the origin of the disaster; the former could not trace out the true death-cause if he would, and the latter would not if he could. A certificate of death puts an end to all queries.

Relation 23.

In the year 1871 I had a long argument with Dr. Cross, of Leeds, on the subject of contagion and infection. I argued against there being any "volatile" agent in existence characteristic of each separate fever answering to the term "infection" as contradistinguished from contagion, and the Doctor took the view generally entertained by the faculty, claiming that both played their parts in the economy of nature. Of course we ended where we began. However, a few months afterwards he met me in the street, and he opened the conversation by stating that a circumstance had happened in his practice which he considered confirmatory of my argument. He said, "A patient of mine, the wife of a skilled workman, has been confined to her room for nearly two months by reason of a bad attack of Erysipelas During the crisis of the fever the poor woman gave birth to a child, the child was healthy, it took the breast for the next seven weeks, and showed no symptoms of the disorder. Ten days ago, Holmes, the vaccination officer called to say the child was to be sent to the Vaccination Station, close at hand, to be vaccinated. He saw the eldest daughter, a girl of 13, and asked her to bring it up in the morning. The girl, who had been on the same errand once before and innocent of any danger in introducing a child with an open wound into a contagious atmosphere, complied with his request, and the vaccination

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[1] Go with me to the vaccination station, see the motley crowd of mothers with their children, observe their anxiety while the operations are being performed. What a disgraceful scene to recall! Does the man who is the principal actor ever ask a mother the question, Have you any one at home down in a fever, or suffering from any inoculable disease, the seed, atom, or germs of which may be floating about in the air seeking for opportunity to taint the living blood of man, woman, or child? No,—no question of that sort is ever asked; the prospect of the fee over-rides all other considerations. The thing has to be done. It is done. What follows must be dealt with in its turn. This is business Dr. Jones' cautions, 1 to 14, have their tragic side, have they not? Would you know "what follows"? Consult the Registrar General's Return for that year.

was performed. The child resisted 'infection,' as it is termed, from the mother for seven weeks, but received the 'contagion,' within as many hours after vaccination was effected. The vaccinated arm is in a pitiable state. This episode in my practice is a thing quite new to me, but it has at any rate turned me into a doubter."

I listened to this tale with considerable interest, and I observed to the Doctor, "Had it not been for our argument, now two months ago, this apparently trivial event would not have raised the query in your mind whether infection and contagion were interchangeable terms or not, you would have treated the child for the Erysipelas without enquiring into the subject any further." "That is true," he remarked. At this point we closed the discussion.

If there had been a "volatile" agent, answering to "infection," the child ought to have taken the disease during the seven weeks it was exposed to it. Immediately an open wound was present, the "contagion" given off by the skin process of the mother found a congenial soil and erysipelas followed quickly. "Infection" and "contagion" are convertible terms. There are not two separative infective agents. One is quite enough. The atoms, sporules, or germs, produced by a natural concurrence of unhealthy conditions, the consequence of insanitation, are precisely the same as those evolved by the human body after any particular fever has run its course, and produced its like, just as the yeast put into the wort produces its like after the natural process of fermentation has run its course. The two actions are identical in their sequence, and result.

The following year the hand of death removed the Doctor just when he was developing into a decided anti-vaccinationist.

Two or three years prior to Dr. Cross' death, the Medical Association held their meetings in Leeds. Dr. Cross's ticket to attend the meetings was withheld. He had no little difficulty in getting it. The reason was, simply, because of his pronounced Anti-Vaccination proclivities. This was an instance, among many others I have known, of the tyranny of the medical authorities. In the face of a fact like that will any one be so bold as to say that the faculty are not committed to vaccination? Medical men are committed to it and what they dread most of all other things, on this side of the next world, is the day when the nation shall, with one voice, ask of them the questions,—"How could you believe in this manifest imposture? We took it upon credit, but you should not have been guilty of the same fault. We have now lost faith in you! What have you to say?" This prospect *in futoro*, is what gives the profession a cold shiver, and well it may. When they give up Vaccination their reputation passes into oblivion with it. When Inoculation and Blood-letting were abandoned the observances passed out of view without notice. But the case is altered now. For forty years the Medicinists have been fighting for the retention of Vaccination in opposition to the opinions of a large section of the people, and when the controversy is ended it will be a death-blow to the contending party which loses in the strife

The faculty will have to make a new start in life. There is no middle way between drugs and sanatory remedies.

Now I do not argue from the above Relation that it establishes my theory, but it points in that direction. The "volatile" infection, said to surround the eruptive fever patient, had no effect upon the child, for the simplest of all reasons, viz, that it did not exist, but the contagious atmosphere acting upon the open wound, poisoned

the blood and communicated the disease. My main object in introducing the narrative is to illustrate the danger of vaccination in exposing the blood to the contagion of the house, the hospital, aye, or the vaccination station itself.

I feel convinced that thousands of cases of fever and death are due to the fruitful mischief of blood-poisoning. Every movement of the body, occasioned by the friction of the clothes against the skin, frees innumerable particles of erysipelatic or other matter, and a few of these seed germs settling on an open wound sets up a diseased action which ends in Erysipelas, Typhoid, Scarlet Fever, Smallpox, or other disorder, as the case may be.

Who can say whether or not most of the infantile diseases we witness, and which affect childhood so much, such as measles, chicken-pox, whooping-cough, bronchitis, and connatural disorders, may not be intensified—if not, to a great extent, absolutely caused—by the introduction of the first disease-taint in vaccination? My impression is that as soon as we have had 10 years' freedom from the perils of this observance, the whole disease conditions of infant life will be modified and assume a healthier character. In a corresponding degree the disease developments of adult life will also receive an impetus registering a characteristic improvement in the general health of the people. That these results will follow is fully illustrated and confirmed in the experiences of Keighley, Leicester, and other towns where there is scarcely any vaccination.

I pledge my honour and reputation, as an observer of facts, that once give up vaccination the health-rate of the nation will, by certain and rapid stages, attain an elevation so high in the scale that we shall be indignant when we reflect that, by the degrading influences of this rite, the nations of the earth have been so severely chastised by men whose education and standing ought to have taught them a better lesson.

For a Health Officer to be a vaccinator—a blood-poisoner—is a contradiction without its parallel in any other sphere of daily life. And equally for a Physician to be a blood-poisoner shows that his education has been sadly defective as to first principles in the science of human physiology.

Vincent Brooks, Day & Son, Lith.

VACCINATION AT WORK IN THE HOMES OF THE MIDDLE AND LABOURING CLASSES, UNDER FAIR SANITATION.

My second Illustration exhibits "Vaccination at Work in the Homes of the Middle and Labouring Classes, under fair Sanitation."

In this instance, too, I am not at liberty to refer to names. The child is living and in fair health, but, as in the first case, it is beyond my province to speculate as to the ultimate influence of the morbid effects of the vaccine as pictured on the arm of the poor little sufferer. In many of these injuries to the child I have seen pourtrayed upon the features a look of anxiety which I have regarded as nature's protest against a mischief which has but one result, that of communicating a disease taint which the patient must perforce encounter at different stages of his journey through this world, each one more disastrous than those which preceded, and without there being any positive evidence on the face of it to connect the disaster with the long forgotten vaccination.

That anxious look moulded on the face, following a fatal vaccination, I have often observed to be an augury not only of present injury, but of early death. Several mothers I have known have noticed the same circumstance and drawn my attention to it. I have seen children who, in vaccination, were smitten by death from that moment. An electric flash from a surcharged cloud could not have been much more certain in its aim. Such instances are to be seen at any vaccination station throughout England. They are of very frequent occurrence.

If an inhabitant from another planet were introduced to the house where the subject of my sketch resided, down in Yorkshire, I could imagine a conversation like the following, viz. :—

Q. What on earth is the matter with that child's arm ? It is a strange sight ! What can it mean ?

A. Oh, it is the law of the land here that every child born into the world shall be vaccinated, that is, shall be inoculated with small-pox virus to save it from having the small-pox in the natural way ; or if the disease should be contracted, then to modify its course.

Q. What an unintelligible jargon of words ! May I enquire at whose instance the rite was floated—as you say "on change"—and subsequently made into law ?

A. Certainly. A learned physician has recently admitted it was initiated and is maintained, "on the warrant of medical authority."

Q. Ah ! I see ! your medical men are wise in their day. How are they paid for services rendered ?

A. They are paid for curing disease.

Q. That explains the whole thing ! The seeds of disease are sown in the child to be afterwards harvested in the man, that is, if the child should survive to manhood. The death-rate amongst children in England and Wales is, I presume, very high, is it not ?

A. Yes, I am sorry to say it is. Out of 500,000 deaths per annum in England and Wales, of all ages, 200,000 deaths are of children under 10 years of age !

Q. Then if you had three more such observances, one for Tuberculosis, a second for Hydrophobia, and a third for Cancer, and they were to be applied as generally, and on the same lines, allowing a fair margin for legitimate death-causes, I suppose "The Last Man," in the area you refer to, would be uttering his own funeral dirge, standing on the cliffs of Dover, in about 80 years from date ? That would be a fine prospect for a small state !

A. But Parliament –

Q. Stay—do not talk to me about Parliaments. Parliaments do not think, they move as they are goaded on by the people. "Vox populi, vox Dei."

A. Well, but we have a Royal Commission now sitting on the Vaccination Question, which—

Q. "Which," yes, which will be sitting—perhaps a second, or third edition of it—when next I visit the planet "Earth," and I only call—well, say once in 150 years,—as you compute time ! But tell me, how many medical men are upon that Commission ?

A. How many ? I should say two thirds of the whole number.

Q. Suppose you had a Royal Commission appointed to enquire into the fouling of your rivers by the manufacturing industries of the land, would you select ten out of the 15 Commissioners from the manufacturers who were the greatest contributors to the evils under investigation ? Vaccinators, do you call them ?—your Medical men are fouling the stream, they are poisoning the pure current of the nation's life-blood, and is it reasonable that these men should be the judges as to their own acts ? I merely ask you the question as a disinterested observer. What do you say ? I know you encourage a contrary policy in your Licensing Laws. No magistrate for example, having an interest in public-house property, is allowed to sit and adjudicate on licenses. The same in railway affairs—a magistrate, being a shareholder in railways, is disqualified from sitting on railway committees. Why has there been an exception made with regard to the Royal Commission you speak of ?

A. A perfect stranger,—you see things in a different light. England has grown up beneath the Ægis of an observance, and a system of medicine, which we are only just beginning to question, to estimate, and perhaps to reform. Technical subjects of this kind, in the matter of reform, are invariably slow in their early stages, and for the reason that the nation has to be educated before combined effort is attainable.

Q. That is true ; but when the thing is ripe, a revolution of thought, like a war between small contending factions, may be entered upon and decided any day between sunrise and sunset ! Before we part, just summarise for me the main features which resulted in the legalising of so weird a rite as Vaccination ! I am interested to know.

A. I will comply with your request. To begin, then, I must say that the ceremonial arose purely in connection with one zymotic, the small-pox, and the first principles leading up to it arranged themselves in the following order, viz :—

1. That everybody is destined to have Small-pox once in life, and therefore it is best to give it in infancy, by artificial methods, viz:—by means of inoculation or vaccination.

I beg leave to say here, by way of note, that both practices in their most salient point were identical: they comprehended blood-poisoning. Inoculation began in 1722, and was discontinued in 1798. It is now a penal offence. Vaccination entered upon its work about 1798, and it has continued up to date. It is compulsory by statute.

2. That one attack of small-pox or other fever, protects against a second attack of the same disease.
3. That vaccination, being a mild form of Smallpox, modifies an attack of that disease where it fails to prevent its accession.
4. That small-pox is the most fatal of all the zymotics.
5. That small-pox is the most contagious of the fever group.
6. That the comparative absence of small-pox is due to vaccination, and not to sanitation, hence the need for compulsory enforcement of the ordinance. Dr. Lyon Playfair [1] urges this view strongly. He says, "Sanitation has little connection with the large deductions in the rate of mortality from Smallpox."

Q. I should hope you have now got to the end! Have you not?

A. Yes. Having complied with your request, I have to prefer a similar appeal, viz:—that you will now state your views on each point, with the same brevity.

Q. I will do so.

1. This statement is absurd. An individual can be no more destined to have the small-pox than to have any, or in fact, all of the other eruptive fevers. It is dirt not destiny that introduces the zymotic.
2. This is absolutely untrue, the converse being the fact. One attack of any disorder prepares the way for a second. Medical men know that.
3. Just as untrue. The natural vigour of the patient can alone modify an attack of fever.
4. This statement is rank cowardice or virgin imbecility. Small-pox properly treated need not be fatal,—should not be fatal.
5. Where ignorance holds the helm, yes. Where common sense is the guiding hand, no. Infection is a cultured product, and not a necessary sequence of the fever.
6. With regard to epidemics, prevention is the only means whereby man can count upon success. Sanitation is the guardian angel of your race. A cure for the fever is in the sole possession of Sanatory remedies. Nature knows nothing of antidotes and specifics. Your vaccination I regard as an illusion, and a snare to catch the unwary. Get quit of it, I pray.

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[1] "Sanitation has little connection with the large deductions in the rate of mortality from Small-pox." Gracious Heavens, what balderdash! The inference is that the great connection is to be looked for in Vaccination; but why did he not say so? He is too cautious. He is a canny Scot But I once heard him say, "We all know the value of Sanitation with regard to the Smallpox; it is only equal to seven per cent." He did not then say to what account the 93 per cent. was to be credited! His audience knew what he meant, but he did not say it in so many words. He is a canny Scot! He will have to say something else. Dr. Lyon Playfair deserves our hard hitting. He has always carried the House of Commons with him. That House is destined to see how foolish it has been to give an unquestioned credence to his representations. The higher the estimation in which a man is held as an authority, the deeper is his fall when public feeling is roused against his teachings. The whole of this gentleman's influence in favour of Vaccination, and to the evident discredit of Sanitation, has been a gigantic piece of fallacious reasoning from beginning to end.

A. I will give due heed to your opinions. There is one other point which I did not explain at the outset. viz :—the difference between Inoculation and Vaccination consists in the fact that instead of inoculating the patient directly with small-pox matter, which constitutes Inoculation, the virus is first passed through a cow, and the product, called "Cow-pox," is the vaccine virus now in use.

Q. Why a cow? Why not an ass, or a tadpole? Wrong in first principles, human folly has no limit. It is ever the same.

A. Ah, now you puzzle me somewhat. The virus is called "cow-pox," I suppose to reconcile people to it. We drink the milk of the cow, and perhaps Jenner and his disciples imagined we should not object to be poisoned by it! I can offer no better explanation.

Q. Vaccination, or Inoculation, both practices are unscientific and irrational. Blood poisoning, with morbid animal virus, cannot be vindicated on any pretence; it is a sin against nature, and one which nature will certainly resent. Do you follow me? Viewed in the grave light of "Blood-poisoning," the condemnation of the observance stands out in bold relief amongst the records of ancient superstitions. Vaccination is only fit to take its place besides such revelries as those of the devil-worship among the Yezidees, described by Layard; the homage paid to the "sacred tooth" at Kandy, by the kings, priests and peoples of Burmah, Siam, and Cambodia; or the mummeries performed on the brink of the well Mani-Varnika, in the courts of the Golden Temple in the Holy City of Benares, the liquid of which, composed of dead flowers, Caine informs you, is said to have the effect of "*washing out the deepest stains of sin.*" Mummeries all!!

A. I quite agree with your remarks. Fare you well.

The late Sir Benjamin Brodie, in an article "on the different modes in which death is produced by certain vegetable poisons,"[1] in speaking of the Woorara, says, "When the Woorara is applied to a wound, it produces its effect on the brain, by entering the circulation through the divided blood vessels, *and from analogy we may conclude that other poisons, when applied to wounds, operate in a similar manner.*"

The italics in the above paragraph are my own, but the idea so suits my views, bears out my own remarks, and convinces me of the mischief of this blood inoculation, which the faculty have misnamed vaccination, that I could not help drawing particular attention to it. When I reflect upon the excessive infant mortality; when I see so many deaths, violent deaths, attributed to causes which are no causes at all, but merely symptomatic, I cannot refrain from looking around for a real cause, and I see it in vaccination. That reasoning from "analogy," pointed out by Sir Benjamin Brodie, supplies me with an effective argument; it furnishes me with an index, as it were, to the

[1] Phil. Trans. for 1811, p. 178.

mortality tables which appear in these pages, and whilst I do not wish to push the argument to its farthest limit, I maintain that there is in this superstitious observance, this blood-poisoning of the nation, a power for evil more fearful than the mind can imagine. The cruelty of blood-poisoning, as in vaccination, can alone answer for the cruelty of the mortality referred to. Occurring as they do principally amongst the children of the lower classes, the deaths from scrofula, syphilis, atrophy and debility, tabes, bronchitis, and convulsions, etc., must arouse in the minds of parents some severe questioning, some grave doubts as to the first cause in the series of symptoms which at length ended in death. I have heard some of them think aloud upon this matter. I have heard them denounce vaccination, and speak in no measured terms of the operator; and is it to be supposed that the general testimony thus offered, nearly all of it pointing in one direction, is a testimony to be disregarded, a witness to be doubted. The poor, upon whom the rite presses with all its severity, have no alternative but to submit to the law with as good a grace as they can, and to have their children vaccinated by a surly, ill-tempered, and dissatisfied vaccinator, or by a petulant, careless deputy. They have formed their own opinions, and they condemn it, from experience, as a useless, senseless, and most barbarous practice. They have drunk this bitter cup to the dregs. In the absence of vaccination I can see no answer to the terrible mortality from the death-causes above referred to; but in its presence, the answer rings out clear as the *reveille* at break of day.

My third Illustration shows the exceptional Effects of Vaccinal Blood-poisoning. It is entitled "Vaccination at Work in the Homes of the Poor,—in the 'Back Slums,' in the absence of Sanitation."

My illustration shows an aggravated example of the evil effects of Blood poisoning. I admit it is an exceptional instance, but not so exceptional as I thought at the time when I investigated the case. In conversation with the Secretary of the Keighley League, to whom I related the result of my visit to Colne, he observed, "I can take you to a neighbouring town, and show you two living examples in as bad condition as the one you refer to." On the following Sunday I went with him to Cleckheaton, and living opposite to each other in the same street, I was introduced to two lads, 6 to 8 years of age, in as miserable a plight from vaccinal injuries as the subject of my illustration. The history of each of the two instances, written fairly and honestly, is the history of the cripple as given in Relation 24.

I proceeded to Colne to investigate the circumstances surrounding this impotent lad early in March 1890. My visit attracted some attention, and on its reaching the ears of the Editor of the "Burnley Gazette," one of the staff was sent to Colne to furnish a full report. I take the following particulars from the above-named periodical, dated 26th March, 1890, and as it is from the pen of a strictly impartial observer it will have more weight with some people than one written by myself.

Relation 24.

FEARFUL CONDITION OF A CHILD AT COLNE.

"The victim of the disease which is attributed by the parents and various medical men, including Dr. Miller, medical officer of health for Nelson, to the effect of vaccination, is a young lad residing with his parents in Sutcliffe's Place, Colne. Thither our representative proceeded for the purpose of investigating the matter. The mother of the lad, a cleanly and intelligent woman received myself and guide, and conducted us to the spacious kitchen. Here we found the lad seated listlessly in a large, comfortable rocking-chair by the side of a glowing fire. He was clothed in a shirt, vest and knicker-bockers, his arms and legs being left uncovered, and presented an appearance painful in the extreme. Dwarfed and deformed, with a small pale face, large eyes which instead of beaming with intelligence, showed a hopeless indifference to everything which passed around him, the lad's condition looked pitiable indeed. His mother informed us that he was nearly twelve years old, but the unfortunate boy looked no more than five at the outside. The right arm,

Vincent Brooks, Day & Son, Lith.

VACCINATION AT WORK IN THE HOMES OF THE POOR,—IN THE "BACK SLUMS,"—IN THE ABSENCE OF SANITATION.

which had been vaccinated, was much the worse deformed of the two. It was scarcely as thick as three fingers of an ordinary man's hand, and was drawn up across the narrow chest, as if in a sling, the hand being turned away at an unnatural angle, giving a dislocated and claw-like appearance. Only two thin, skeleton-like fingers were extended, the others being clutched together in one close grasp. The whole limb was paralyzed and totally useless. On the back of the hand, the elbow, and shoulder, were sores too hideous to be described in detail, which exuded, almost continually, a foul yellow matter. The elbow joint was swollen and contrasted strongly with the slenderness of the arms above and below, which were merely skin-covered bones. Two other sores existed, one on the body under the arm, and another under the chin. This latter wound had closed up, but the mother of the lad said that some time ago, a hole under the chin, where the sore now existed, went so far down that "you could see the roots of the tongue." On the left cheek was another large sore which disfigured the little face sadly. The left arm, although not so deformed as the right, was of very little use to its owner, being thin as a lath, except at the joints The back of the left hand too was covered with a foul, festering mass, and the fingers were slender and elongated until they also resembled the claw of a bird. Sores, little better than those on the hands, almost covered the lad's knees ; and both feet, which were unnaturally small, bore similar corrupt excrescences The mother informed us that all the sores exuded filthy matter which made perfect cleanliness among the lad's clothing and bedding impossible, although she made every effort within her power to effect this end."

"Another young lad of about nine years old was in the room, and he presented an appearance the exact opposite of that of his elder brother. He was a sturdy strong little fellow with ruddy cheeks and bright eyes, and looked as if he had never known a day's illness 'This child,' said the woman, 'has been vaccinated too, but I plucked the stuff off the minute it had been put on, and I wouldn't have another child vaccinated like the other one if I was to go to Court every day.'"

"Several doctors, it appeared, had attended the eldest lad at different times, but all had been equally unsuccessful. Dr. Brodribb, Medical Officer of Health for Colne, had lanced one of the sores on the lad's right hand, but this treatment only made the hand appear worse, and the mother would not permit him to use the lancet on the other hand. Dr. Miller, Medical Officer of Health for Nelson, had attended the lad and had told the mother that neither he nor any other doctor could cure him. 'The child's blood,' he said, 'is poisoned from head to foot.'"

"Questioned as to how long the child had been in that condition the mother said that from the time the child was vaccinated it had never been healthy, but not until two years after the operation had been performed did the sores break out in the manner described. The child then had endured nearly ten years of this 'living death,' as his condition has been described ? Many people had done their best to relieve him, the woman told us. 'I had him at one doctor and he said that if he did not cure him he would not charge anything. He gave him fifteen bottles, at 2s. a bottle, and he was just as far off when he had got it as he was before he began, and he said, 'I'll give him up.'"

"The mother of the boy said she had had twelve children, and had always been a hearty woman. Her husband was also a healthy man, and she could not think that the lad had taken any disease from them. They had always lived in Colne, in Chapel Fold 15 years, and in Colne Lane 20 years. After describing the various treatments to which the child had been subjected, the woman went on to speak of the manner in which his life was spent. He had never learnt to read. He had been sent to school when he was able to get about, but he had been ordered back, as

'it would not do for him to sit with the other children.' When he was better than usual he was able to run about a little, and on fine days he would wander about the street in which they lived; and on one occasion he was even able to walk as far as the station. The other children in the street would not play with him, and directly he went into the thoroughfare their parents called them into the house until the boy had gone. Thus the poor lad was shunned like a leper and at that early age he experienced one of the greatest trials to which he could be subjected."

"Nothing more needs to be said with reference to this pathetic instance of what is alleged to be the result of vaccination. Whether or not such is the case must be decided by scientists. In the firm belief that the lad's condition is owing solely to vaccination, Mr. Pickering, F.R.G.S., F.S.S., of London, has caused him to be photographed in two positions by Mr. Lot Dixon, of Colne. Considerable importance is attached to this example, and keen interest is manifested in it by all who know anything of the circumstances of the case. Mr. Pickering regards it as the most singular case he has yet discovered in England, and whether or not it is due to the cause suggested, vaccinal syphilis, it is to be hoped that the publicity given to it will be the means of attracting effective help to the unfortunate lad."

The subject of my Illustration has been described by medical men as a case of "Vaccinal Syphilis." Not that I think much of their opinion. It may be that, or it may be that and something more. I lean to the latter opinion. This is one of the cases I have had in my mind, and which I specially refer to at p. 138 of this work.

My Illustration shows what an "ugly blot" and what a "ghastly" risk Vaccination is when it can change a healthy child into an object the mother can never look at without a shudder.

No consideration in this wide world, *save that of its money value*, would lead a body of men, claiming some knowledge of pathology, physiology, and chemistry, to retain an observance where such accidents as those shown in my three Illustrations are possible.

It has been said that if Vaccination is not a protection against the Small-pox, it is a harmless operation. That statement is not true. Vaccination is always a dangerous specific.

If both the vaccinated and the vaccinifers are healthy, a conjuncture that must rarely happen, the vaccination may be of a comparatively harmless character, as harmless only as a mischievous operation may occur, and no noticeable injurious results may accrue; but if one or both are unhealthy, a conjuncture which must frequently happen, then the vaccine virus will yield the special taint, hereditary or acquired, and transfer it through successive generations of the vaccinated, future consequences being disastrous. What a history each vaccine point could reveal if it had the power of speech! And in not

a single case of all the hundreds of thousands vaccinated, in any one year, can it be said that the vaccinator can give any guarantee as to the previous healthy state of the vaccinated or the vaccinifer, nor can he vouch for the simple nature of the virus with which his lancet point is charged. All power is in the virus, infinite in its gradations of peril to the object, but the operator, who ought to know the chemical constituents and the capacities of the virus he dispenses, is, to all intents and purposes, the ignorant actor in the scene. Ignorance, stupendous ignorance, is the only apology that excuses or qualifies the operation in each individual instance. But how long is it to continue? The worst and most intolerable form of ignorance is when that ignorance is allied with men who are credited with scientific attainments. Vaccination is a game in which all the chances are against the infant life.

Vaccination, in another aspect, is the "we" of medicine. The faculty wish to have a finger in this Small-pox pie, they want the people to believe they have a say in the matter of Epidemics, that if nature is great in one way they are in another; that if they cannot control they can modify; and that where they cannot win they may yet say they lose by a fluke! There can be no epidemic without a cause equal to the effect. An epidemic starts into life in accordance with a law as fixed as that which rules a comet in its course. Man's duty, with reference to the originating force of epidemics, begins and ends with prevention, and when the disease has located itself in the body, his duty is embodied in expulsion, and not in drug specifics which only affect the symptoms, and allows the epidemic poison to "fish for itself" in the puddle it has created. While there is a little more knowledge in the profession than there used to be, which by the way is not made use of, there is just as much ignorance, which is made use of, as when the medicine-man of to-day was the quack of the last century. The medicinists will not employ simple remedies. They cling to the mysticism of the drug prescription. They stand by the bed-side, from day to day, thermometer poised delicately between finger and thumb, recording every change of temperature, looking very anxious if the instrument registers a high temperature, and very pleased if a low one, when the Hydropath would have brought out a normal temperature in five minutes! Just as the devil is said

to hate holy water, so the fever hates cold water. Vaccination, like the drug, is a specific, and Nature abhors all the lineage. Whilst the Hydropaths work upon principles; Medicinists work upon antidotes and fads.

The faculty with their virus and their false promises have robbed this whole nation for a hundred years past; they are robbing it to-day. But the hour of revelation has come, the account is well nigh closed, and the final report will be one of overwhelming humiliation to the profession. There is no low cunning, no ignominious device, no bewildering statistic, that they have not put under contribution in their attempts to hide the truth from the Government and the people. And for what? For the benefit of humanity? In the interests of Science? Nothing of the sort. If medical men cared for their kith and kin they would long since have discovered the impotence, the fraud, and the mischief of vaccination. If they were devoted to Science, they would have detected how thoroughly antagonistic and unscientific is the practice of inoculation with effete animal matter—for any purpose whatever, on the hither side of deliberate murder. The act is a crime against nature, and nature's great Creator. To divide the blood-vessels, and insert therein the putrid virus of vaccination, is an operation against which the instincts of humanity itself rise in revolt—and particularly when those instincts, as in the case of the vast majority of the working classes, are left to the guidance of common sense alone. In the case of the upper classes these instincts fall before the supersensible assurances of the faculty, who say, "Vaccination is a very good thing, I advise you to have it done." Men, and women too, are often too idle to think for themselves, and they imagine because they pay for it, and because their "medical man" recommends it, therefore it must be the right thing to do. And so for three generations this absurd mockery of an observance has held its own, and borne down the intelligence and the better convictions of our people.

Inoculation was based upon the assumption that Small-pox was protective against itself, and that a mild form of the fever artificially inoculated was preventive against a severe attack in the order of nature. Historians, medical or lay, agree upon this point. Inoculators and Vaccinators both alike accepted the statement as a truism,

but there was never any truth in it—no attempt at proof was ever made or suggested. The error is another instance showing how men of science lend themselves to perpetuate ephemeral theories when advanced by members of their own profession. Down to this hour the statement has a place in every important medical treatise. That writers of the stamp of the authors of "The Family Physician," should pledge their reputation by continuing thus to prolong the existence of an impermanent and preposterous theory, passes my comprehension. My reader will forgive a second or third reference to the point, it is so important to see it burnt up root and branch.

But the same theory was propounded in connection with the plague, and has been since upheld by the advocates of inoculation for syphilis, measles and rinderpest. Failure has attended every effort in this direction. Blood-inoculation as remedy, as well as preventative, has failed,—Pasteurism and Kochism not excepted. Their theories have wrecked, as all such theories are sure to wreck; whilst countenance is yet given to their *pretentions*. Blood-poisoning has never succeeded; it cannot succeed. It does not deserve success, for the simple reason that it is contrary to all known natural laws, as it is abhorrent to the universal experience of mankind in ages past.

Uncivilised peoples have resorted to blood-inoculation, but only as a means of destruction to life. The poisoned arrow has yet found a lodgement in the heart where civilisation could not penetrate the head. Even the pigmy, to whom we have lately been introduced by Stanley, in his central African home, boasting of an antiquity which is marvellous, if true, is no exception to the law that blood-inoculation is characteristic of the lowest types of man, and wherever it is practised it is as a death-dealing instrument. It bears no other tidings.

Amongst the medical quackeries of Greek or Roman periods Inoculation was not of the number. Egyptian, Persian, or Indian Medicine-men never hit upon an extravagant expedient like that of Jenner, Pasteur and Koch. The Simonites, Seatonites, and Marsonites, are shut up to the conclusion that blood-inoculation is, as a remedial agent, of modern origin, and can only be traced to Turks, and English Medicine-men, and it is not a rite, therefore, of aristocratic birth. It might be curious, but not instructive, to enquire whether in the earliest records of Turkish history, Circassian, or Georgian, the obser-

vance was not invariably due to the belief that all men were born to have the small-pox once in life, and that infancy was afterwards selected under the impression that nature could then more successfully neutralize its mortal effects rather than at a later period, when other unhealthy conditions had attenuated the vital powers. Certain it is, that it was under English extremity that the faculty reinstalled the addle-headed sophistry that a mild form of the Small-pox was a protection against a severer attack in the natural way. This incoherent sophism has served its purpose for nearly two centuries. It is high time the theory was now disposed of either by decent burial, or retained for future transference to some Tussaudian Exhibition where dead theories may be shown side by side with Hare and Burke, with Palmer and Pritchard. Truly, Medicine could furnish some rare specimens !

Roused into activity by the fear that the ground is slipping from under their feet, medical men interested in Vaccination are inventing new arguments to sustain the waning confidence of the public in the ceremonial ; they now say that Small-pox is a form of zymotic disease uninfluenced, to any marked extent, by sanitation—it requires a special antidote, whether in epidemic or non-epidemic times, either for prevention or for cure. 'Tis the last refuge of incompetence ; the Adullam cave of the schemer. I shall hope to lay this last ghost of medical mind before I conclude.

The faculty, or such of them as are interested in Vaccination, and particularly the officials connected with the Local Government Board, by their persistent stupidity in the battle they are waging on behalf of the retention of the observance, and of the money grants and subsidies connected with it, are bringing upon themselves an agitation which will enlarge its scope, and include other considerations than those involved in Vaccination *per se*. Under their own sign manual, it is their own act and deed ; they alone are responsible for the aftermath. Inoculation and Vaccination might have passed muster in the 17th or 18th centuries, and it may be that the practice, in some form or other, has a higher antiquity than that generally assigned to it, but it was never anything more than the mummery of quacks, barber-surgeons and impostors, who saw in it the means of bringing grist to the mill, and in that view Vaccination has been "mighty successful."

Even vaccination has its comic, as well as its serious side. Why should it not? It would be maddening if all the surroundings of the agitation were sombre as the grave, or death-like as the victims of the observance. A perusal of the following Relations, mixed in character, will give some little zest to the further pursuit of the subject under discussion.

Relation 25.

On False Certification of Vaccination.

I know one gentleman, a manufacturer in Lancashire, who has a family of 13 children, not one of them has been vaccinated, and a certificate of successful vaccination was handed in to the authorities in proper form, and within the prescribed period after the birth of each child. "How can that be?" do you ask? Ah, the ways of the vaccinator are past finding out. "Do you mean to infer that the medical man signed those certificates knowing them to be false?" Do not repeat that question I implore you, lest I should say, "Yes, I do!"

Relation 26.

On False Certication of Deaths to hide the effects of Vaccination.

I am acquainted with a physician in a northern town, one who is honored with a government appointment. I hold a letter from him in my hand now, dated Dec. 3, 1889, who says that, "whilst in practice in London I frequently filled up death certificates of children as Marasmus, Debility, etc., when I felt perfectly certain that such cases of wasting and debility in delicate children had been induced by vaccination,—or, aggravated by vaccination."

Relation 27.

A Vaccination Officer flying for his life.

One Monday morning, now some few years ago, the wife of a provision dealer in North Street, Leeds, was busily occupied behind the counter serving a customer. She held in her hand one of those knives used for slicing ham, with a blade about 15 inches in length, when a decently apparelled man walked in and accosting her said, "Are you the mother of the child mentioned in that notice," handing her a piece of blue paper? Scanning the document intently she said, "Yes, I am. Are you Holmes the Vaccination Officer?" "Yes," he replied, "that is my name." Flourishing the knife in his face, she rushed round the counter. Holmes as quickly disappeared into the street, with the woman and the knife in tender proximity. He was fleeter of foot and escaped, but only to fall, by his own hand, a few years later on.

I said to her, "What would you have done, had you caught him?" "Caught him," she retorted. "I would have taken a bigger sweep of flesh out of his back than that covered by any five cicatrices Dr. Marson ever saw?" Holmes had a suspicion upon that point. He read it in her eyes!

My informant heard no more of that particular notice, or of any other from the same individual.

Relation 28.

On Vaccinal-Syphilis, and its consequences to a young Doctor.

Another surgeon, a young man, married a few months before the event I am about to narrate, communicated syphilis in vaccination to the son of a

gentleman resident in Lancashire, and the child was in a fearful condition for several months. The surgeon heard that a gentleman of influence connected with the local A.V. League had learned the facts. He called upon my friend and begged, on his knees, that the circumstance might not be published, vowing that if his request were granted he would never vaccinate another child so long as he lived. That petition was heartily conceded.

Relation 29.

A Vaccination Officer objecting to a conical ball weighing only three quarters of an ounce !

A tradesman, residing in a suburb near Manchester, had serious objections to his child undergoing vaccination. The vaccination officer, an elderly man, called upon him one evening to serve the usual notice. My friend was a broad shouldered, stalwart man with a fierce pair of eyes in his head. Turning their full glare on to this process-server, he said, "What is the next move?" "A summons," muttered the official. "A summons ! and will you serve it?" Gathering up a bit of courage for the occasion, this "limb of the law" said, "Ye-es, to be sure." "You see that pistol hung over the fire-place. By the time you come," was the reply, "there will be a ball inside weighing exactly three quarters of an ounce, and," he shouted, "don't blame me if there should be a fatal accident"

The vaccination officer observing no dissembling in the manner of the Anti-vacc., resolved, "in a mind capacious of such things," that he would never again be seen in the house where "that pistol hung over the fireplace." And he kept his resolve.

Now altho' this event occurred some few years since, the principal actor in the scene tells the story with unflagging interest and vivacity.

Relation 30.

The Officials of the Local Government Board and the conscientious Medical Objector to Vaccination.

A surgeon in a northern town, also holding a Government appointment, had conscientious objections to the operation. His two children were unvaccinated. The vaccination officer called for certificates of vaccination. "Do your worst," said the doctor. A summons was issued and served. The magistrate who adjudged the case was also a physician. A plea was preferred that although the children were in fair health, they were delicately constituted and ought not to be put under the influence of the vaccine virus Medicine the magistrate, turned a deaf ear to Medicine the offender. The objector was fined, and paid the amount.

A few days afterwards there was a ring at the bell, and a Medical Official from the L.G.B. in London, was ushered in, who said, 'What does this mean? You, an Official under Government, objecting to vaccination, summoned, fined, and reported in all the papers?" "That is so," said the parent calmly, "but I venture to say if my two children had been yours, you would have pursued the course I felt it my duty to follow. You shall see the children and judge for yourself." They were brought in to be inspected. After a careful examination of these 'twa bairns," the medical official said, "Well, if these were my own children, I should not object to vaccination." "Dear me," the parent replied, "I now propose a further test. I will send for the physician who fined me, and put the same question to him." "Do so," said the doctor from "fair London town." A carriage was sent for "the presiding magistrate." He came. He examined the children circumspectly. His answer was this, "I consider the children delicately constituted, and unfit for vaccination. If I

had seen them before I fined you, I should not have done it." This was honest and straight.

The medical official, puffed up with authority, took that for his answer. He was speechless! The northern doctor had a bigger gun in reserve, had there been any necessity to use it in self-defence. It was a conscientious objection, framed after this fashion.—"Sir, let the consequences be what they may to me, these children will not be vaccinated." On the slightest occasion that bullet would have crashed into the conscience of officialdom.

Query.—How many thousands of children, in "a single twelvemonth," are submitted to the ravages of the vaccine, who, in bodily health, are not to compare with the two girls referred to, both of whom were well nourished, warmly clothed, and handsomely domiciled?

If the Medical Official of the L.G.B., who had something to do with this case, will kindly answer the above query, I shall be obliged. It is a recent case and I know he likes *curious questions*?

Relation 31.

DRINK, THE PRINCIPAL SOURCE OF DISEASE, CRIME, AND POVERTY.

Many years ago now it was my turn, as Guardian of the Poor, Leeds Union, to sit on the Sub-Committee at the Workhouse to receive personal applications for relief—indoor and outdoor. My companion was Mr. Darnton Lupton, J.P. As we were alone, an opportunity presented itself for carrying out an enquiry which I had long entertained—viz., to ascertain how many of the total number presenting themselves on a given day, had been brought to their then hapless condition, directly or indirectly, by reason of drinking habits. It commended itself to his judgment as a practical subject for investigation, and always ready for every good word and work, he said, "You put the questions and I will keep the record."

No. 1 was duly admitted. He was a half-fed ill-looking fellow, of about fifty-five years of age, with a wife and one or two children at home, resident in a low neighbourhood. Other members of his household were accounted for, the girls were in service, the boys were out earning their own living, none of them able to contribute to the support of the family. Work was scarce, wife was poorly, and the children wanted bread. I said to him, "Now, before we decide upon your case I wish to ask you a few questions, and I may say that your answers will in nowise prejudice your application, but if true and open will have a contrary effect. First, have you been in a better position at any former period in your history, and when?" "I have been in a much better position. For many years I was in constant work, but I fell out. It was my own fault though." How was that? "Well, you see, I let drink get the better of me. It's a bad habit, but I gave way to it, and little by little my furniture got less, I moved first to one place and then another, till I am settled down in a miserable alley near to East Street." Then you have had a struggle to bring up your family? "Yes, I have, but my wife has been a great help, but she is worked out now, poor thing." I suppose that in a year or two we shall see both of you asking for indoor relief? "We shall put that off as long as we can, Sir."

No. 2 was a widow left with three young children, one of whom accompanied her, living in a cellar dwelling in a narrow street at right angles to Lady Lane. I said to her, I shall ask you a few questions and your answers will not affect us in deciding upon your application. First, In what position in life was your late husband when you married him? "He was a fairly sober man, working in a cloth mill." Not a skilled workman, perhaps? "No, Sir, but for many years he had steady wages, and we were comfortably off." Then how did he conduct himself? Is it the old tale? "Yes it is, and he dragged me down with him. From seven or eight years after being married my life has been a hand-to-

mouth fight, and often enough the mouth had not much to do with it." When did he die? "He was killed Sir, he got into the machinery in one of his bouts, and was brought home more dead than alive, and only lived, without ever speaking, for a few days. It was a sad job for me and the childer." How do you live? "I'm a charwoman, Sir; keep offices when I can get them, and do odd jobs when I can."

No. 3, was a tall man, of good build, about sixty years of age, formerly an auctioneer, once much respected and enjoyed a responsible position in society. I knew his history. One word explained all, Drink. Mr. Lupton turned to me and remarked, "We need ask no questions here." This man's habit was to come into the house during the biting winter months, but he declared off as soon as spring allowed him to pursue his summer occupation—he lived then by what is called "cadging." He once enjoyed a pension, but he forfeited it on account of bad habits aggravated by dishonesty.

No. 4, a girl of thirteen, with three sisters, the youngest seven years of age, living in a single room with an aged woman, a distant connection, in charge of them. Father and mother both deceased. Tell me, I observed, when did father and mother die, and how was it? "Mother died, Sir, with baby, nine months since. Father died eighteen months since." Well, were they steady people? "No, Sir." Then you have been sadly neglected! "Yes, Sir." How do you live? "Father's aunt has 5s. per week, and I go out and earn a bit, but I'm out of a job now." Are all the family living? "No, Sir, four have died young." What have you to say about father and mother? "Father, Sir, was reg'lar bad. Mother was much better, but she ailed a deal. She was always poorly. We hadn't enough, none of us, and she couldn't work to get it." I think you have had help for many years? "Yes, Sir." If your aunt were to die I suppose you would all have to come into the house? "Yes, Sir, but we'd rather not, if we can help it. You see I shall get something different soon."

There were twenty-three or twenty-four cases came before us for decision this day. Not less strange than true, but in every instance the poverty-stricken people clearly attributed the wretchedness in which they were involved to inveterate drinking habits. The above four Relations are fair specimens of the whole number, and the one thing that surprised us more than another was the close affinity between the cases, not only in recital of facts, but in the actual events which distinguished the various stages in the downward career from bad to worse. After hearing the first six or eight narratives we felt as though, given the dry facts, we could have easily filled in the details. The afternoon's experience did not tempt us to repeat the enquiry. It was a coincidence that the whole of the narratives agreed in tracing the subsequent troubles to "drink," because on other occasions instances came before us which were distinctly due to misfortune, a lengthened illness, losses in business, and other "extenuating circumstances." But I do not think I should be far in error if I said that two thirds of the misery, poverty, disease, and perhaps crime, in these neighbourhoods is caused by the passion for "drink," terminating with ruin, disease and death.

If a general regulation were adopted under the Poor Law system of recording a brief history of each applicant, in answer to half a dozen printed questions, the statistics would be of immense value to public men, Sanitarians, and Statesmen.

It is amongst this class of people that Epidemic influences have their rise and diffusion. Clotheless, houseless, and foodless, nature herself enters into a conspiracy against them, as much as to say, "if you

cannot be clad, housed, and fed properly, you are better out of it, henceforth regard me unfriendly to life."

Relation 32.

The Doctor no Sanatarian.

As illustrating the fact that the drug practitioner shuts his eyes to sanatory remedies in restoring health, and to unsanatory conditions as the originating source of the majority of complaints calling upon him for advice and direction, I may mention that during the course of my medical studies I met a professional friend going his morning round, and he said to me, "Will you join me in my walk, I want you to see a patient of 16, a very bonnie girl, who is in the last stage of consumption, and I am anxious about it, because I can trace no hereditary taint in the family, nor can I unfold the mystery which attaches to the case." In about five minutes we found ourselves by the bedside of the patient. Her father was a coachman in a private family, the mother was a charwoman. Both of them appeared well informed and above the average of persons in their position. The kitchen and two bedrooms were over the stable and coach-house. the latter were under-drawn, and the whole property was well built. I refer to these particulars to show that there was no fault in the construction of the premises. The rooms were neatly furnished, scrupulously clean, and the surroundings were well calculated to deceive a superficial observer; but there was a skeleton in the house notwithstanding.

I took an interest in this candidate for another world, and after we had left the domicile I said to my companion, "Do you mind my seeing that patient alone to-morrow?" "Do so by all means," he replied, "I shall be delighted if you can extricate me from a difficulty which oppresses me" The next morning I went early to the coachman's house. On introducing myself, the thought struck me that the mother was not pleased to see a fresh face. After I had been there a few minutes the mother was called away to attend to a lady visitor who had generously brought some little luxury for the patient, and seizing the opportunity I said to the poor girl, "I wish to see your chest, if you will loosen the dress," and suiting the action to the word I began to assist her, but she resisted my efforts saying, "I cannot let you see the skin." I replied, "But I must. I am here to see what can be done to help you," and with some little force I exposed a small portion of the chest, and I struck upon the author of the mischief. A skin like hers I had never seen upon a human being before. It was the same colour, and resembled in appearance the petrified remains of the invalid who perished at Pompeii when Vesuvius buried him beneath a shower of red hot ashes. In much plainer words it was like the outer shell of an oyster. The poor child covered her face with her hands, and the mother coming into the room saw I had discovered the secret which a display of clean linen had for once failed to hide, and she was panic stricken with shame. I left them both to their reflections.

This relation illustrates the suggestion that the deficient education of the medical man in sanatory science leads him to overlook the rule that there is a cause somewhere present equal to the effect produced, the individual illness—and a cause which ought to be made plain to every interested understanding.

Had the medical attendant found out the true cause of the consumption nine months before, when he was first called to see his patient, that precious life might have been saved; but when I interviewed her, death had nearly completed his melancholy task. She died three weeks after my last call. This was doubtless another instance of a girl objecting to the healthy process of cleansing the skin, and the mother was certainly in the secret. Perhaps the mania for dirt was hereditary.

My medical friend reproached himself bitterly for his negligence, but knowing the character of his education, I could not upbraid him—the system was in fault, not the man. When the parents sent for the doctor, he came, and at once prescribed such remedies as the pharmacopœia supplied him with. He might as well have done nothing. His medicines only aggravated the symptoms, and hastened the last issue. This is all that physic can accomplish in consumption,—it has no influence for good residing within it. It is best to be candid.

Relation 33.

CARDINAL MANNING'S INTEREST IN ANTI-VACCINATION VIEWS.

In the autumn of 1872 it was proposed that I should undertake a lecturing tour on the A. V. question in the South of Ireland. One morning I received a note from His Eminence, Cardinal Manning, asking me to call upon him in London. I did so, and I shall not soon forget the intelligent sympathy he showed in the movement. After 15 minutes' conversation directed to the elucidation of particular points, he said, I have sent for you, having had your mission brought to my notice by the Countess Noailles, to say that I enter into the spirit of your object, and if you will inform me when your arrangements are completed, I will send you an autograph note which will ensure a hearty reception for you from the Irish people." I thanked him very much for this expression of his good will.

Before retiring I informed His Eminence that whilst gladly availing myself of his introduction, I entertained no misgiving as to the hospitality of the Sons of Erin, having had so agreeable an experience of it on a former occasion. I told him of my visit to Dr. Barter, of Blarney, near Cork, in 1863.

Cardinal Manning impresssd me with the idea that he was a man of high intellectual attainments, gentle in manners, true of heart, and whose sympathies were wide as the needs of humanity.

Relation 34.

A RE-VACCINATED M.P.

On a certain evening, in the lobby of the House of Commons, during the Epidemic Years, 1871-2, I button-holed a Member and solicited his support to a resolution on the A. V. question, to be submitted that evening. He readily assented to my request. As I was about to part from him, I seized the upper part of his arm to emphasize a remark, when he suddenly drew back, in evident pain, saying, "Don't touch me there, please." "Why," I said, "I hope you have not consented to be Re-Vaccinated." "Yes, I have," he replied, "and all my house yesterday." The situation was so ludicrous that I could not refrain from a laugh at his expense. He enjoyed the fun as much as I did.

I met him again in 1889, and on referring to it, the incident was still fresh in his memory.

He was a believer in Vaccination, but objected to compulsion. I accepted his help to that limited extent. We shall be friends united by a closer tie some day.

After this brief divergence I resume the thread of my discourse.

The blood-guiltiness of the rite of Vaccination must for ever remain upon the skirts of the garments of medicine. Without the concurrence of the faculty such an abortion as Vaccination never could have

found an anchorage under the protection of the English laws. Without a precedent in ancient or modern history, and for the purposes of this book, Inoculation and Vaccination may be viewed as one and the same operation, although the law looks upon them as widely different, seeing that the performance of one, Inoculation, and the rejection or non-observance of the other, Vaccination, are penal offences under statute, yet I am justified in saying that Vaccination is a thing so abhorrent in itself that it ought not to be installed within the sacred abodes of science, nor within the pale of civilized communities. Still we meet with it in England, America, France, Germany, Austria, and Russia, and in all the smaller states in Europe, supported by medical officialism, by pains and penalties of one sort or another on their authority and advice. It is a painful reflection to know that the average lay mind is better informed on this and the cognate questions of sanitation and sanatory science than the average members of the profession. The public wofully over-estimate the abilities of the profession. The individual members of the faculty know very little more of the nature of disease, its treatment or its cure, than the fairly educated and thoughtful representatives of the middle and upper classes. Because Surgery is an exact science, people mix the two together, and come to the conclusion that medicine occupies the same vantage ground. This is a serious mistake, as the two, Surgery and Medicine, have practically little connection.

Reform will be hindered because men and women are such craven cowards when they are ill. Fear drives them to the physician, the prescription, and the physic. Seventy-five per centum of cases would yield to sanatory treatment and a trained nurse if people had only confidence in themselves and in those great natural resources so frequently referred to in these pages, and which are always at their command.

The human frame is a perfect machine in all its parts and functions; it is self-acting, self-preservative, self-adjusting, self-curative. The Psalmist exclaimed, with inward rapture, "I will praise Thee, for I am fearfully and wonderfully made." Would you catch the Psalmist's inspiration? Then read the 139th Psalm. If its perusal occasion no emotion, no gratitude, no praise, depend upon it there is something wrong with you—some lost chord that sin has

snapped, some missing link in a judgment warped by error. "I am fearfully and wonderfully made."

The human frame is a perfect machine in all its parts and functions; it is self-acting, self-preservative, self-adjusting, self-curative. Nature has left man little to do but to keep the outside clean, and to see that nothing passes inside to defile the blood. Oh, what a glorious thing is life, with a healthy skin, a stomach unpolluted, and a free and pure mind. Life a failure? Yes, with an uncleansed, unworkable skin, a stomach corrupted by coarse flesh meats, drink and tobacco, and with mental qualifications of the lowest type. Yes, Life is a failure then! a horrid failure!

But the body of man is an instrument so unique, complete, and so marvellously attuned, that with ordinary care, Life, so far as its happiness, work, and duration are concerned, need not be a failure. How is it then that the "Death Tell-tale" exhibits so high a mortality in children under 5 and 10 years of age? How is it that all blood-diseases, diseases inoculable by vaccination, maintain a fatal pre-eminence? How is it that medical skill cannot bring them under control? Why the answer is plain enough to any ordinary capacity. Vaccination is the principal contributor to the mortality of which I am writing. "Incipient Disaster," is inscribed upon each vaccine point, and the characters traced in blood, are perceptible to the dullest understanding. Germs of one or more of the diseases mentioned in the "death tell-tale," mingle in the vaccine, undetected by the highest microscopic power, they occupy their appointed places on the ivory and carry out the decrees that are big with bad intentions. Does the medical man say he cannot see eye to eye with me, and with you? Why cannot he guage the potential forces hidden behind the mask of Jenner's "cowpox"? I will tell you. His vision is blocked. Yes, blocked by the huge figure of a mammon, whose head and neck are of finest gold, arms and trunk of polished silver, thighs, legs and feet of tempered bronze. Vaccination with Jenner meant Mammon! It meant the same with Woodville and Pearson, with Simon, Seaton and Marson! Vaccination with Thorpe, Buchanan and Barry means Mammon! Mammon to-day. Mammon to-morrow. Mammon every day. Vaccination is a trade monopoly. A protection! Nonsense, what do the Vaccinators want with protection? protection is no con-

federate of theirs? Vaccination modifies the severity of a Smallpox attack. Bosh! The Vaccinator revels in the emptiness of such baseless theories,—theories which are only intended to delude, to withdraw the attention till the shackles are fastened on to the wrist of compulsion for another 20 years. The subsidies, the bonuses, the salaries are safe,—that which follows, the 22 death causes with their periodical increase, what matters it? If there is exceptional disease, it has to be cured. I am hard on the Vaccinator, and the drug doctor. Am I? Not so hard as they are on me, my neighbour, and this whole nation. Oh, no, we are not quits. Life is a failure nearly to every alternate child born into the world. The mystery is that with vaccination, the arch-infector, the death-rate should be no worse than it is. It is bad enough, goodness knows. We must try to make it better.

Relation 35.

Look at that little child the mother is fondling on her knees. See how she caresses it; 'tis the loveliest of all earthly gifts. Its skin is white as Alpine snow; its rounded arms and legs are supple, yet firm withal. The eyes are bright as when they first saw Eden. Its sleep is calm and sweet. With a sense of awe and anxiety unknown to man that mother lingers over its fair features, and heaves a sigh pitiful and sad—that child has to undergo *a Medical operation* on the morrow. A Medical operation!! The morrow comes, and with it the doctor. He has carefully selected "good matter," the incision is made, and the cancerous deed is done. After many assurances, which are not worth a breath—the mother heeded them not—the Vaccinator packed up his traps and away he went, dreaming not of what he had left behind to work out its cunning. In a few days the child became ill; the arms were inflamed, the eyes and nose were running sores; it wasted away, and death ended the puny child's career, and that was all! No, it was not. The mother lost her child; her reason went after it, and she was consigned to a mad-house. The father was a widower and childless. This is Vaccination! Do you say it is an exceptional case? So far as father and mother are interested, yes; but not so with regard to the child itself. I maintain that for the United Kingdom a folio volume of the size of Domes-Day Book would be required in which to register the mishaps of a single twelvemonth!

Medical men are soon thrown off their guard, particularly when they do not recognise the possibility of secondary consequences from the vaccine. After the eighth day, when the supply of lymph has been hoarded, they forget the Vaccination. Whatever follows, be the period long or short, it is regarded as having an independent origin, and is treated accordingly; hence the doctor is always ready to swear that he never saw any after effects that he could trace to the operation. Medical men never bother their brains about tracing a disease up to its source; they are not paid for doing that.

In the matter of children's troubles, and I am speaking of these just now, the profession do not urge they have a treatment. Nevertheless, there is a remedy, simple, sanatory, and in the hands of a thoughtful nurse it is effective, natural, and free from infection or after consequences of any kind. Would to God that I could impart to each of my readers a share of the confidence I have in the nature treatment of disease, and a share of the contempt I feel for the drug and the virus of vaccine.

Relation 36.

Here is another case of injury, unique and harrassing in its details. A child was vaccinated, and a short time afterwards it developed sores over the whole body. Infirmaries and their medical staffs were helpless to relieve the sufferer, and it survived for nearly two years ; but the skin shrivelled up and resembled that of a mummy. Prior to its decease the parents covered up the face, it was so agonizing to look at.

What the Vaccinator said when he saw the result of his skill I know not. But this I know, that if the profession had the interests of the public at heart instead of their own, the cases of injury we have brought before the nation, the after-effects of vaccine, would have induced that body long ago to relinquish the operation on one consideration, viz., that the risks of vaccination were more to be dreaded than those of Smallpox itself.

Relation 37.

In a census organized by the A. V. League in Scarbro', about four years ago, the results as to cases of injury, the experience of the *householders* of a certain district were certified to as follows :—Cases of injury. 74, and of death 37 ; total 111. An analysis showed them to be composed of—skin diseases, more or less severe, 24 ; scrofula, 2 ; abscesses, 13 ; convulsions, 3 ; ruined health, 16 ; erysipelas and other forms of blood-poisoning, 18; crippled for life, 7 ; not stated, 28; total, 111. These results, it must be allowed, are sombre and suggestive in detail.

Other censuses, in various towns, have yielded similar results. If Scarbro', a health resort, gives such convicting evidence as to the baneful effects, the complications and sequelæ of Vaccination, what would "Whitechapel" say ?

The last 3 Relations are selected from one week's reports in the pages of "The Vaccination Inquirer" for Jan. 1st, 1887.

"Vaccination is blood-poisoning." Vaccination is in every instance a communicated and malignant disease. Just as much a disease as if the child's blood had been infected by the virus of Bronchitis, Leprosy, Syphilis, Scrofula, Cancer, or other special poison.

The Vaccinator—that licensed dispenser of ineradicable disorders —never reflects for a single moment in his career upon the serious nature of the act he is about to perform. If he did, he would turn away from it with inward horror. Human language is too poor to depict the hidden possibilities of future evil that lurk in the virus he distributes. It does not occur to him that he is about to make a forcible entrance into that tiny, yet marvellous frame, and insert into the living blood-fluid an active and a septic poison, compounded of he knows not what—extracts from the grease of horse, teat of cow, Syphilis, Bronchitis, Pneumonia, or the leprosies of skin diseases. His duty is perfunctory, conscience is never consulted,—right or wrong, in a scientific aspect, he does it because it has to be done, and he is well paid for his work.

"What is Vaccination?" do you ask? I will tell you. So far as the items 1 and 2 are concerned, the figures are official. With regard to item 3, I give it in the shape of a rough estimate.

1. It is £19,000 per annum paid through the County Council, as bonuses to public vaccinators for supplying vaccination points for general use.

2. It is £100,000 per annum paid through the Boards of Guardians for Vaccination.

3, It is, in my opinion, £2,000,000 per annum, the estimated cost of medical attendance, in connection with disease, directly or indirectly, the result of Vaccination.

The total cost of salaries, travelling expenses, enquiries, etc. connected with the Local Government Board, must absorb a very large sum.

I emphatically assert that the money product is the common sense definition of Vaccination; it is not susceptible of any other interpretation, and it accounts fully for all the efforts put forth by the faculty, or rather the medical officers of the Local Government Board, to retain it. The money value of vaccination is its only value. It never had any other appraisement.

Anti-vaccinators have not spent their strength for nought. The spell is broken. The imposture of Jennerism has been exposed. And notwithstanding the fact that the weight of evidence given by those who have agitated the question for the last thirty-five years or more

is dead against vaccination, Mr. Ritchie, on a recent occasion said, "We have not lost confidence in Vaccination." Mr. Ritchie was doubtless speaking as the President of the Local Government Board, and not really for the Government. When the office of the Local Government Board is cram full of Medical Officials, interested in Vaccination, and drawing salaries as large as those which Cabinet Ministers receive in some of the most important countries on the face of the earth, how can we expect them to lose "faith in Vaccination"? Close the Offices of the Local Government Board, send these men back into the world to practice Medicine, and where will there be a medical man found to stand up for the maintenance of Vaccination? I say to Mr. Ritchie, "Gentle Shepherd, tell me where?"

I challenge the Royal Commission to test the accuracy of my statement by taking a *plébiscite* from the individual members of the profession of the United Kingdom.

The *people of England* have now the opportunity of seeing the enormous difficulties against which we have contended in opposing a mischievous observance when that observance is patronized and subsidized by State grants. Arguments, reason, and facts, are no competitors when pitted against cheques on the *Bank of England!*

The following testimony to the evils of Vaccination is from the pen of my friend Dr. Small of Boston, Lincolnshire, a gentleman who has been sternly opposed to the observance for the last twenty years or more. I humbly submit that the statements and opinions contained in the few paragraphs he has kindly entrusted to me are worth more to humanity than the three Reports, Nos. 1, 2, and 3, taken together as issued by the Royal Commission up to the present date. Dr. Small is a just and impartial observer, and his testimony is in direct opposition to his professional interests, and to that degree is of infinitely more value to the public than volumes written by men whose definite interests, professional, financial, social, and political, are bound up in enforcing "the extreme unction" of Jennerism upon the infantile population.

Boston, 1st January, 1890.

"I am a registered Medical Practitioner of fifty years standing. I object to the present Vaccination Laws for the following reasons, viz:—

1. I have seen very many evils distinctly traceable to Vaccination, such as serious attacks of Erysipelas, Skin diseases (often of life-long duration), Convulsions, and not unfrequently, Death."

2. I am convinced that Syphilis is often introduced, however carefully the Lymph has been selected and used, and I believe it highly probable that other serious or even fatal poisons, such as Tuberculosis or Cancer, may have been picked up by the so-called Vaccine in the many thousands of constitutions through which it has passed."

3. "I have not heard that there is a test by which 'pure Lymph' can be recognized, even if its use were proved to be a 'protection.'"

4. "As Senior Sitting Borough Magistrate I have often seen the evils of the present Laws, and the difficulties of their administration. It is unjust, harsh, and cruel to fine and imprison parents for refusing to have a child vaccinated, when, as is often the case, these parents have lost one, two, or three children by death, or had them disfigured by skin diseases by this dreaded Vaccination."

5. "The Laws are bad, and so unpopular that although they may be enforced in one Town, Sheffield, they cannot be carried out in another, as Leicester, etc."

6. "I believe that the best 'preventive,' not only against Small-pox, but all other diseases of like character, is Sanitation combined with Isolation."

T. SMALL, J.P., L.R.C.P., Ed., M.R.C.S., Eng.,
L.A.C., Deputy Coroner, and Surgeon Major,
Boston, Lincolnshire.

To Mr. J. Pickering, F.R.G.S., etc.,
86, Thicket Road, Anerley, S.E.

Relation 38.

Skin Disease through Vaccination.—The Old, Old Story.

An anxious mother said to me—"My husband and myself are both healthy, but our child from its being three months old has been subject to periodical outbreaks of skin disease, from which it is seldom free for long together." 'Ah," I said, "is it vaccinated?" "Yes, it was vaccinated when it was three months old, but it went through the operation all right." My answer was to this effect—"Vaccination was the door through which the disease entered and took possession of your child. Because you were not cognizant of any mischief within the eight days, the Vaccination must not be regarded by you as innoxious. Just as your child may have been able to resist a present inoculated disease, so in years to come, in a period of depression or failing health, that communicated disease, like a giant awaking out of sleep, may seize upon and put its life in peril." This is a story sadly too often rehearsed in the homes of the people.

Relation 39.

A Physician Brought to Bay.

I had a conversation with a lady resident in a Midland city towards the middle of the year 1889. Her husband is a merchant, and filling a high position in municipal and political life. Both object to Vaccination. She related to me an incident worth reproducing. I give it in her own words, as closely as I can, from memory :—

"Our doctor paid me a visit some little time ago, saying, 'Madam, your child is now in perfect health, and, as the time has come when it ought to be vaccinated, I have called to urge the matter upon your notice.' I answered him thus, 'I am obliged by your attention. My child is healthy. It is going to remain so. You know our objection to Vaccination. However, to satisfy you, I will consent to the operation on the following condition, viz : You shall deposit your cheque for £1,000 with me, and if no physical injury is observable within twelve months,

I will return the cheque; if any injury should supervene, your cheque shall be forfeited to the funds of the General Infirmary.' A prompt reply was offered in these words—'I shall not consent to any such terms.' 'Very well, then I shall not submit my child, healthy as you admit it to be, to a ghastly risk like the one you propose. That is my answer.' The doctor tried another argument. He said, 'I suppose you know the consequences?' 'Yes,' I said, 'and we are prepared for them.' In due course the Vaccination Officer called at the warehouse to say, 'I am instructed to inform you, sir, that proceedings must be taken against you for the non-vaccination of your child. What am I to do?' 'Do,' he replied. 'do what you please.' At length the summons was served My husband attended the Court. The magistrates tried their little arts to persuade. When that failed they threatened, but it was to no purpose. Neither penalty nor prospect of distraint had the slightest effect. I scarcely need say that no distraint has been made."

Two years or more have passed away and the distraint has not been issued. A better illustration of the inequality of the law could not be furnished. It may be well said, "There is one law for the rich and another for the poor."

The medical man went as far as he dared to do. Had he gone a step farther it would have been a fatal step. I had it from one of the parents that the doctor would have been sacrificed to duty had he attempted to coerce them by any other arguments or threats.

The Vaccinators have had it all their own way until now. They have shown themselves to be despotic, cruel, and vengeful. In the ordinary course of events the people's turn will come next. We shall see how Medicine will comport itself when its follies and its fads are finally consigned to the tombs of the Capulets. Medicine is standing at the parting of the ways, and the immediate future will be epoch-making in its leading features.

Jenner, in resuscitating blood-poisoning for Smallpox, which had a very much older history than that connected with his name, was merely a rejuvenator of an ancient (perhaps medical) fallacy, which in its old age, and in his hands, had become a lie. It takes a long time to get at the origin of antiquated superstitions, and when you have unearthed and stripped them of their outer covering, it takes a longer time still to convince the world that in their best estate they were never anything else than superstitions.

And yet here is a thing in our midst, a national observance, manifestly a vaccinal disease, an ordinance of monstrous birth, capable of infecting and paralysing an entire nation, without the people finding out the grand source whence the polluted stream takes its rise; its capacity for mischief is infinite. Vaccination, in its scientific aspect, is chargeable with compassing the physical degeneration of the whole human family.

Vaccination a Medical Heresy.

For 76 years, dating from 1722, the faculty tried to checkmate the Small-pox by Inoculation (taking the idea from an ignorant and superstitious woman), and in the end they found that man's remedies were worse than nature's diseases, and Dr. James Moore, the celebrated historian of Small-pox, has put it upon record that "Millions perished" by the practice of Inoculation. After this piece of fraud was exposed, the death-rate for many years diminished, and it was at this juncture that Dr. Jenner promulgated his vaccination dogma, which has since turned out a fraud as gigantic and as mischievous in its influence upon the Public Health as its predecessor. Jenner saw the last of the plagues of the middle ages departing with all its wealth of disease in its saddle-bag, and he ran after it and persuaded it to return with him, and it did so in the form of Vaccination, and methinks I could hear the Almighty say by way of penalty for this second infringement of the Divine message, that "Cleanliness is next to Godliness,"—"Let him alone, the leprosy of Small-pox shall cling to him and his house." Bitter indeed has been the sudden and swift retribution following upon that second attempt of man to teach a lesson in human physiology to the Eternal God, the Creator of the ends of the earth, and the Small-pox has clung to the faculty who disseminate the small-pox germs in vaccination, and it will still cling to them till the ordinance is withdrawn. Oh! who can tell the length to which human folly will go when once it takes a wrong direction? The base of the virus in vaccination is small-pox matter. The epidemic of 1871-2 ought to have taught the faculty this lesson, —*the more vaccination the more small-pox*, for there were more deaths from small-pox in those 2 years than in the whole of the 12 preceding years dating from the year 1859 to 1870 inclusive, and this in the presence of a complete, costly, and extravagant system of compulsory vaccination, a system enforced by penalties and imprisonment. The faculty may well be silent when they have an indictment like this to answer? *The Plague of Small-pox of* 1871-2 *was the Vaccinator's Pestilence—The Plague of Vaccination.* There is another Small-pox epidemic almost due, perhaps to be more fatal than the last. If that were so, the faculty would not see it in its true light.

Relation 40.

In 1872, I went with my friend Mr. Kenworthy to Oldham, to enquire into the outbreak of the small-pox in that place. As we were going into Whitehead Square, where the disease was the worst, a young man of about 20 overtook us and as the evidences were apparent enough that he had only just escaped death from that disorder, we turned round and I observed, "Young man, you have had a hard struggle with the smallpox, —I see that it has almost got the better of you." "Yes, sir," said he, "I have had six weeks of it, it has been a struggle, and my one regret is that I shall be so pitted." "I see you will,—pray what doctor had you?" "Oh," he replied, "I had our own doctor, my father can afford to pay." "And what did he do for you?" "Well, he gave me physic, and kept me in bed for three weeks." "Did he ever order you a bath,— or have you ever been washed from head to foot from the day you took the smallpox to this time?" "No, sir, I have not," was his answer. "How can you expect then to escape being disfigured?" "I don't really know," said he, "I did as the doctor told me and I took what he gave me." "The next time you see your doctor," I observed, "tell him that you met with a stranger who made such and such enquiries, and that he further said, 'if the doctor had known how to treat the case his patient need not have been in bed three days, need not have been ill for six weeks, and need not have been disfigured.' Have you been vaccinated?" "Oh yes, sir, when I was a child." It was not much protection to you, then." "No," said he, "I could not have had the disease worse than I have had it."

The first house we came to in that same square there were four children, as the mother said, "down in the smallpox." They did not seem to be very "down" about it, for they were all in the kitchen some at play, and others sat around, and seemed to be favourable cases,—two were vaccinated, and two unvaccinated.

A bird's-eye view of Whitehead Square was a far better exponent of the cause which had roused the Smallpox from its state of lethargy into that of fatal activity, than all the fine drawn speeches either of medical officer or physician. By the gable end of the house was a convenience which seemed to belong *exclusively* to the whole square, and the wall contiguous thereto was thoroughly saturated with liquid matter to the height of two feet six inches all along the base. The excreta from the children lay scattered about the square in every direction, exposed to the scorching rays of the sun. On the opposite side of the square was a rag and bone warehouse of some pretensions both in size and steuch. If the demon of smallpox had been hovering above that place, I could fancy I heard him say "Beautiful, beautiful," as the scent struck his olfactory nerves! And all this time the wise-acres of Oldham were crying out "Vaccinate,—vaccinate" and placarding the town with bills sent down by the Local Govt. Board with the same object, and the guardians took up the alarm and summoned dozens of people for neglecting to vaccinate their children. What a sorry picture of life in England in this nineteenth century! How our children's children will smile at the strange recital, and wonder at such ignorance in a land of railways and telegraphs, of telephones and graphophones, and where science, literature and art have found a peaceful abode. If the guardians and doctors had gone into that same square, and stripped off their coats and besom in hand had swept the square and douched it well with water from the street plugs—if they had taken a bath to each house, and soused the children therein and put them through the same cold water process, the Smallpox would have fled that instant, and left behind it neither new-made grave, nor pit-spot, to mark the site where last it swooped. Medicinists dare not allow sanatory prophylactics to interpose between them and the nostrums which have swayed the minds of the faculty for two thousand years, and

so, in screech-owl notes, they still shriek, "vaccinate ! vaccinate !" And he who rides the pale horse re echoes the call, "vaccinate ! vaccinate !" And the Local Government Board still protects and subsidizes this homicidal mania.

Some years ago, the Germans, taking their cue from Jenner, imagined that they could prevent or modify syphilitic epidemics by inoculating for syphilis. And why not? If small-pox inoculation were a protection against small-pox, why should not syphilization be a protection against syphilis? But the German blood inoculators found to their cost that the epidemics of syphilis were more frequent, more fatal, and the inoculated cases more disgusting and horrible to behold, and they had to give up their conjuror's tricks with the utmost speed. The pent-up poison of small-pox or syphilis, either in vaccination or syphilization, will declare itself and assert its power over all the unnatural devices either of Jenner or the German. Well might King David say, when of three evils offered him, he certainly chose the least, when he replied to the Prophet, "Let us now fall into the hands of the Lord, for his mercies are great; and let me not fall into the hands of man."

Nothing can be found, in the records of science, to justify the enforcement of this blunder of Jennerism,— to seize little helpless children and infuse into their veins a virus poison, the nature or operation of which no man living can describe or restrain. That men of general intelligence like your Medical Officers and those other members of the profession who support them in it, and uphold the practice, can so bring their own judgment down to the level of the heathens of past ages, who in the darkest periods of human history, in the valley of Hinnom, caused their children to pass through the fire to Moloch, is a mystery so profound that coming generations will be astounded when they read the humiliating page in the chronicles of our times,—the vaccine fever is a burning fire, and, where it does not kill, the marks of the beast are branded upon the arm for ever, so that my illustration is more apposite than at first sight appears to the mind of my reader.

History repeats itself. Yes, the inoculation scandal was practised by the Medical Profession for a period of 76 years, dating from 1722, and the vaccination scandal has held its own for a longer period, viz., 1798 to 1891; but the end is at hand, yea, is present with us

now, and with hasty strides promises to overthrow the abomination which is at the same time a reproach to the medical profession, and a disgrace to the intelligence of the age in which we live.

Epidemics are born of Insanitary Conditions.

Here let me point out to you one or two important facts:—1st. That the small-pox is a disease which has its origin in like conditions to those which characterise any other zymotic disease. It is a filth disease. It is found in precisely the same haunts, the same streets, and amongst the same people, where, in other years, aye, and in the same years, we meet with scarlet fever, typhoid fever, diarrhœa, and the like. They all fatten on the same food, select the same class of victims, and appear and disappear under precisely the same conditions. Do not be vexed with me for repeating these facts, they are material.

2nd. That there is but one preventive for one and all of these diseases, and that consists in Sanitation. Vaccination, and all such quackery can do nothing in the absence of cleanliness; hence, when the small-pox comes it makes no distinction with regard to "vaccinated" or "unvaccinated," it cuts the victims down thousands by thousands —as witness the last epidemic at Sheffield—and it holds up to public derision the broad fact that out of 715 cases passing through the Leeds Hospital, from January 1872, to October 1874, 600 were stamped with the seal of Jenner, and marked with the initial letter of his patented protection. And since that date, wheresoever honest statistics have been taken, this figure of 80 or 85 per cent. of vaccinated cases is observed. Stamp out the small-pox in the presence of vaccination?—never! Could the Germans stamp out syphilis with syphilization?—never! So, if we would stamp out the small-pox, we must first of all cease from stamping it in, as we most certainly do in vaccination. The small-pox would have disappeared along with its companion diseases of the middle ages, if the medicine men, the Jenners of those times, had not interfered with their nostrums to retain it in our midst. I repeat the accusation,—the small-pox of

this century is, in a marked degree, the curse of Jennerism, the filth disease, firstly, of inoculation, and secondly, of vaccination.

I have played with the Smallpox as a child plays with a toy. Wherever that zymote showed itself there I disported, and instead of finding it the most infectious of all fevers, the most to be dreaded, and the most fatal, I found it the very opposite—the least infectious, under perfect control, and, when subjected to sanatory treatment, not a fatal disease, as is generally affirmed. I certainly did everything that a man could do to incite the infection, and to carry it home to my wife and family; but I failed to improve the occasion. At length I gave it up in absolute despair. So great is my contempt for medical teaching as to Smallpox infection, as to its origin or distribution, and the severity of the fever, that I denounce it as a despicable stratagem to keep the public uninformed as to facts, which, if known, would be a discredit to the profession.

The Medical expert publishes his opinions broadcast, and says that if the Smallpox were to visit us again it would be as fatal, blinding, disfiguring, and as pitting, as at any former period of our history. This is the opinion of a coward and a man who does not know what he is talking about. His retention of public confidence depends upon his operating successfully upon the fears of the people. Mankind have come to regard the physician, with his vaccine scare and his rabid infections, as a sort of watch-dog, at whose bark the epidemic flies away. Instead of a mastiff he is only a lap-dog, and the Epidemic has no more care for him than the Atlantic wave has for Mrs. Partington's mop. He does not yet know his business.

If every blade of grass in the country were a Medical Officer, in the absence of Sanitation, the Smallpox would come and go as before, and it would be more or less fatal as the Sanitary conditions were at a high or low pressure.

The Epidemic, whatever its name, is not a thing for *medical* interference. It is a question for every householder to know that his personal and domestic cleanliness is his only protection, and for each individual member of the Municipal and County Council to feel that Sanitation alone is the only agency which God has put into his hands to prevent the rise or spread of Epidemic or fever influences.

Vaccination Coincident; but not Consequential.

See how Vaccination has saved us from the Smallpox Epidemics of the past, as to their frequent occurrence, and as to their fatality in particular. So say the Jennerites. In this delusion the men of science, the faculty, the press, and the educated classes join hands almost to a man. This argument is based on the assumption *post hoc ergo propter hoc*,—coming after, and therefore in consequence,—a purely logical fallacy. No craze of ancient date ever claimed such absolute credence from those who ought to have known better. No heathen deity ever exacted more exceptional honour. No feudal lord exercised greater tyranny in carrying out his edicts. The faculty have bowed their knees to this detested Baal, and they have exhausted the resources of the Government to enforce the observance upon the people; they have set up the image of Jenner and his virusation in every city, town, and village of the Empire; they have secured, by suborned evidence, Acts of Parliament enforced by pains, penalties, and prison; they salary their high priests and subsidize the lesser luminaries, and they "bonus" those who deal largely in the virus and cultivate the stock; they shut their ears to reason, and their eyes to the most apparent facts. Medical men attribute to vaccination that which is due to sanitation.

Yes, Medical men say, "Where now is the fatality of early Smallpox Epidemics, the 'blindness,' 'disfigurement,' and 'deaths' of historic epochs?" As if Vaccination had anything to do with the change that has come over us. Vaccination has had nothing to do with it. It has not had a hand in it. We have plenty of "blindness," "disfigurement," and "death" left yet. The healthier conditions in which we are placed as to food, air, water, clothing, and general sanitary surroundings, this it is which has thrown around the world the shield of its thrice-blessed protection. Sanitation is the Deity, Vaccination the demon, which exert their good and evil influences. Sanitation then, and not Vaccination, is the potent agency which has transformed England with regard to the character of the Smallpox Epidemic which still maintains a periodic prevalence. Sanitation means life; Vaccination involves death. Every new development and tendency of Sanitation is towards life, whilst

every condition of the virus, simple or compound, in cases susceptible or insusceptible, is towards death. The former is a saving power, unchanging and unchangeable; the latter is destructive, dangerous, lethal. The one is an unmixed good, the other an unmixed evil. The poorest and most illiterate can appreciate Sanitation, but neither the wealthy nor the wise can say what the virus of vaccination is. Give the analyst all the chemicals of the laboratory; give him the powers of the microscope in addition, and he cannot reduce to an abstract form the degenerate elements congregated on the ivory point of the Vaccinist. No, they defy definition, they reject examination, and they offer no explanation.

Because the change in the healthy circumstances of the country has improved contemporaneously with the spread of Vaccination, it does not follow that it is in consequence of it. Not at all. Vaccination has no more exerted an influence upon the healthy conditions of the person or the country than it has upon the ebb and flow of the tide, or the precession of the equinoxes. Can a degraded animal virus exert a beneficial influence? Can a low corpuscular poison infused into the blood produce any other than a morbid effect, for the blood in itself is all there is of life in the human organism—"the blood is the life?" Vaccination in every aspect is inimical to life; it is the presiding genius in the festivities of disease and death. In its genesis, its development, and its termination, its tendencies point to death, true as the needle to the pole. How, then, can an agent of this description prevent a Smallpox epidemic, or propitiate an attack of that disease?

I therefore conclude with the bold and true statement that Vaccination never exerted an influence, in any shape or degree, to save the country from a Smallpox Epidemic, or to modify an attack of the disorder upon any single individual from the days of Jenner until those in which our life is passed. Prevention or modification are terms that do not belong to the vaccine virus. No, the proper terms to apply to it are these—It is a provocative and an infective agent. The operation produces an active and diseased condition of the blood; it affects the whole system; the beginning is small, but no man can say how mischievous the results may be. The virus once inserted into the blood is master of the situation; but that Vaccination

can prevent or alter the character of an Epidemic, or modify any individual attack of Smallpox, is an argument fit only for the tongue of a fool or the brain of an idiot. Sanitation, in spite of Vaccination, has rescued the nation from the virulence and frequency of the filth diseases of the middle ages, and Vaccination does its best to reproduce those same diseases in every child born into the world. Fortunately it fails in some degree ; no thanks to the virus.

In concluding this chapter I would say that I am prepared to admit that my three illustrations are each the worst cases brought to my notice amongst the three different classes of society referred to. I would here advance the idea that each individual vaccination is the communication of a virulent disease to a previously healthy child, and produces a vaccinal diathesis which is shocking to the mind of every right thinking person. Every vaccination, shading off from my illustrations, is only varied by two circumstances,—first, the nature of the virus used, and second, the healthy or unhealthy condition of the vaccinated ; but I denounce the observance in whatever state the virus may be, and whatever may be the condition of the child; vaccination, involving blood-poisoning, is always a dangerous operation.

The seeds of the Mangrove tree germinate and strike their roots downwards, while the seeds are yet attached to the parent branches. So with vaccination, the seeds of manifold diseases, inoculated with the virus, strike their roots downwards into the body, and in after years, when there is no one about to trace the fact, they bear fruit upwards, and death, untiring death, gathers in the spoil.

I have to state that the subject of my third illustration died whilst this chapter was going through the press. His agonies were so great that a few days prior to his death, he said to his mother, " Mother, give me some poison to send me home."

I would observe that the eye in the centre of my first illustration was introduced by my friend who obtained permission to take a photo of the boy, and it is significant of the motherhood of England watching the results of the miserable work of the vaccinator.

It is my duty, finally, to submit the following statements to consideration, viz. :—

1. That there is a vaccinal diathesis created in all our homes, and that its influence may not always be transparent to the eye or mind ; but the vaccine operation is uniformly harmful in its effects. The taint of the vaccine virus is a permanent taint transferred into a pure body.

2. That medical men have not realized the importance of this development, and that the rite is upheld from the cowardly fear of the consequences to their reputation if they surrender vaccination, with its long catalogue of fees, its various emoluments, and its subsidies.

3. That the enormous money value of vaccination is one of the principal motives urging the profession to retain it, and to fight for its continuance.

4. That vaccination is blood-poisoning, and that blood-poisoning, as an antidote, has always failed, and must always fail, for the reason that the operation is as unnatural as it is unscientific in all its aspects and characteristics.

5. That vaccination disasters occur amongst the families of the wealthy as well as amongst the children of the poor, but on account of the influence of the physician, such cases are hushed up and escape publicity.

6. That sanitation is the only safeguard against all epidemic and other deteriorating infections.

7. That epidemic influences are born of unsanitary surroundings.

8. That the possession of a healthy body assuring, as it does, a high resisting power to meet the advance of fevers—in other words of blood-poisoning—is the one great desideratum to which all efforts, in public or private life, should be devoted.

9. That sanatory remedies, and not drug specifics, are the safest means for destroying the fever germs coursing in the blood, and for eliminating the dead matter, thus arresting fever at its first stage—invasion—and performing a speedy cure.

10. That the number of medical men joining the agitation against compulsory vaccination is daily increasing,—a sign of the times not to be overlooked.

11. That Allopathy is a dead art, having no power to control disease.

12. That the following statements by the faculty are not true,—they are medical heresies of a low type, viz. :—

1. That a mild form of disease, communicated by inoculation, is a protection against the same disease in the natural way,—it modifies the attack.
2. That vaccination (and not sanitation ?) has prevented the recurrence of smallpox epidemics both as to their periodicity and virulence.
3. That vaccination is a harmless operation.
4. That one attack of any febrile disease is a protection against a second attack from the same quarter.
5. That infection is the necessary adjunct of all fevers.
6. That a fever, be it smallpox, typhoid, scarlatina, or any other member of that family, has "to run its course," and that it cannot be successfully checked at any intermediate stage.

THE DEATH TELL-TALE.

TABLE SHOWING THE MORTALITY FROM 23 CAUSES OF DEATH, FROM 1838 TO 1888, IN ENGLAND AND WALES.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23		
Years.[1]	Population of England and Wales.	Small-pox.	Phthisis.	Bronchitis.	Pneumonia.	Atrophy and Debility.	Diarrhœa.	Convulsions.	Typhus.	Enteric.[2]	Measles.	Scarlatina.	Hydro-cephalus.	Whooping Cough.	Diphtheria.[4]	Tabes Mesenterica.	Syphilis.	Scrofula.	Erysipelas.	Cancer.[4]	Other Diseases of the Circulatory System.	Cholera.	Causes not specified, or ill defined.	Old Age.	Total Deaths from Causes 1 to 23.	Deaths from all Causes.
1838	15,287,699	16,268	59,025	2,067	17,999	14,652	2,482	26,047	18,775		6,514	5,802	7,672	9,107		724	159	1,119	1,203		3,562	331	21,086	21,338	235,932	342,760
1839	15,514,255	9,131	59,559	1,163	18,151	17,285	2,562	25,408	15,666		10,937	10,325	7,749	8,165		706	142	1,151	1,140		3,788	394	15,931	22,243	231,596	338,984
1840	15,730,813	10,434	59,923	2,053	18,582	19,238	3,469	25,770	17,177		9,326	19,816	8,000	6,132		1,044	195	1,312	1,217		4,370	702	14,252	23,808	246,820	359,687
1841	15,929,492	6,368	59,592	2,267	17,997	16,724	3,240	24,563	14,846		6,894	14,161	7,973	8,099		1,070	177	1,193	1,139		4,546	443	12,744	24,210	228,246	343,847
1842	16,130,326	2,715	59,291	2,627	19,036	21,309	5,241	25,488	16,201		8,742	12,807	8,057	8,091		1,283	178	1,295	1,111		4,925	1,620	12,171	25,124	237,312	349,519
1843	16,332,228																									
1844	16,535,174																									
1845	16,739,136																									
1846	16,944,092																									
1847	17,150,018	4,226	53,317	16,499	23,447	25,249	11,595	23,972	30,320		8,690	14,597	7,663	7,260		4,580	565	1,404	2,050	4,586	9,963	788	18,841	24,783	294,395	423,304
1848	17,356,882	6,913	51,662	14,472	21,868	25,959	11,067	22,796	21,406		6,867	20,502	7,631	6,862		4,368	577	2,363	2,618	4,825	9,654	1,908	14,641	26,188	285,147	399,833
1849	17,564,656	4,644	50,299	14,826	21,194	29,430	17,831	23,703	17,896		5,458	13,123	7,728	9,622		4,440	595	2,739	2,303	4,808	10,850	53,273	10,248	26,750	331,760	440,839
1850	17,773,324	4,665	46,618	14,611	20,303	28,521	11,468	23,000	14,294		7,082	13,371	7,281	7,770		4,012	554	2,484	2,206	4,967	11,356	887	9,776	25,567	260,793	368,995
1851	17,982,849	6,997	49,166	17,294	22,001	31,154	14,728	24,592	17,122		9,370	13,634	7,807	7,905		4,510	598	2,592	1,998	5,218	11,817	1,132	9,070	25,980	284,685	395,396
1852	18,193,206	7,320	50,594	17,073	21,421	32,131	17,617	24,558	17,845		5,846	18,887	8,289	8,022		4,700	623	2,580	2,075	5,477	12,517	1,381	9,187	26,376	294,519	407,135
1853	18,404,368	3,151	54,918	22,391	24,098	32,051	14,192	24,798	18,015		4,895	15,699	8,005	11,200		4,965	622	2,727	1,813	5,663	13,740	4,419	9,327	29,130	305,819	421,097
1854	18,616,310	2,808	51,284	20,062	23,523	33,092	20,052	24,579	18,332		9,277	18,528	7,610	9,770		5,638	964	2,613	1,937	5,826	13,488	20,097	8,267	26,466	324,113	437,905
1855	18,829,000	2,525	52,290	27,182	26,052	32,542	12,770	24,917	16,032		7,354	17,314	7,483	10,185		4,762	947	2,985	2,245	6,016	14,573	837	8,205	29,714	306,930	425,703
1856	19,042,412	2,277	48,950	21,528	22,653	31,709	13,815	23,946	15,398		7,124	14 160	7,299	9,225		4,752	879	2,831	2,125	5,859	13,691	762	7,204	23,931	280,118	390,506
1857	19,256,516	3,936	50,106	25,558	23,457	34,752	21,189	24,532	18,249		5,969	14,229	7,495	10,138		5,380	957	3,781	1,573	6,201	14,802	1,150	6,693	26,847	306,994	419,815
1858	19,471,291	6,460	50,442	29,093	26,486	26,860	13,853	25,488	17,833		9,271	30,317	7,163	11,648		5,017	1,006	3,004	2,026	6,433	16,426	673	5,638	28,509	323,646	449,656
1859	19,686,701	3,848	50,149	25,998	24,514	27,990	18,331	25,954	15,877		9,548	19,907	7,229	8,976	9,587	4,982	1,089	2,995	1,954	6,676	17,133	887	5,484	27,104	316,248	440,781
1860	19,902,713	2,749	51,024	32,347	25,264	26,930	9,702	25,205	13,012		9,557	9,681	7,120	8,555	5,212	4,680	1,067	2,860	1,665	6,827	18,758	327	5,767	28,442	296,551	422,721
1861	20,119,314	1,320	51,931	30,986	22,914	29,291	18,746	25,423	15,440		9,055	9,077	7,674	12,309	4,517	5,692	1,117	3,457	1,542	7,276	18,076	837	5,057	27,373	309,110	435,114
1862	20,371,013	1,628	50,962	32,526	23,713	27,077	11,112	25,286	18,721		9,800	14,834	7,031	12,272	4,903	5,203	1,245	3,416	1,523	7,396	18,709	511	4,788	26,780	309,436	436,566
1863	20,625,855	5,964	51,072	32,025	24,181	28,193	14,943	26,008	18,017		11,349	30,475	7,516	11,275	6,507	5,877	1,386	3,277	1,920	7,479	19,505	807	4,955	27,268	339,099	473,837
1864	20,883,889	7,684	53,046	38,969	24,470	29,634	16,432	26,382	20,106		8,323	29,700	7,700	8,570	5,464	5,941	1,550	3,111	2,104	8,117	22,419	934	4,478	29,498	354,632	495,531
1865	21,145,151	6,411	53,734	36,428	22,489	32,161	23,531	26,722	23,034		8,562	17,700	7,672	8,647	4,145	6,698	1,647	2,963	1,963	7,922	22,272	1,291	5,227	28,709	349,928	490,909
1866	21,409,684	3,029	55,714	41,334	25,155	31,097	17,170	27,431	21,104		10,940	11,685	7,433	15,764	3,000	6,377	1,662	2,901	1,675	8,293	22,190	14,378	4,993	28,546	361,771	500,689
1867	21,677,525	2,513	55,042	40,373	21,118	32,317	19,851	26,258	16,862		6,588	12,300	7,041	11,873	2,600	6,882	1,698	2,938	1,450	8,545	22,784	922	4,630	28,646	333,231	471,075
1868	21,948,713	2,052	51,423	33,258	19,908	32,654	29,821	25,897	19,701		11,630	21,912	7,184	9,223	3,013	6,925	1,886	3,769	1,952	8,880	22,558	1,498	3,904	26,050	345,098	480,622
1869	22,223,299	1,565	52,270	43,883	25,246	29,954	19,903	26,015	18,389	8,660	10,309	27,641	7,478	10,966	2,606	6,625	1,859	2,846	1,873	9,314	24,899	702	3,671	27,932	364,606	494,828
1870	22,501,316	2,547	54,231	46,699	23,729	30,530	25,311	26,548	17,910	8,731	7,543	32,543	7,423	11,901	2,699	6,913	1,858	2,718	2,140	9,598	25,259	1,065	4,228	28,889	371,013	515,329
1871	22,782,812	23,062	53,276	47,685	22,768	30,458	24,140	25,309	15,790	8,461	9,293	18,567	7,295	10,360	2,525	6,700	1,742	2,640	2,216	9,691	26,219	866	4,011	28,038	381,152	514,879
1872	23,067,835	19,022	52,589	42,752	20,282	29,983	22,219	25,376	14,020	8,741	8,530	11,922	7,196	13,806	2,152	6,856	1,832	2,587	1,771	9,993	27,086	801	3,603	26,900	360,019	492,265
1873	23,356,414	2,303	51,355	51,425	22,904	30,333	21,795	26,232	13,533	8,793	7,403	13,144	7,230	9,612	2,531	6,872	1,843	2,750	2,027	10,455	28,447	749	3,439	29,282	354,457	492,520
1874	23,648,609	2,084	49,379	53,022	25,927	30,995	21,204	27,139	13,735	8,861	12,255	24,922	7,286	10,362	3,560	6,911	1,997	2,752	3,358	11,011	29,956	596	3,845	28,604	379,761	526,632
1875	23,944,459	849	52,943	63,089	27,161	28,393	23,982	26,061	13,063	8,913	6,173	20,469	7,694	14,280	3,415	8,617	2,142	3,092	3,018	11,414	32,510	550	3,234	28,514	389,576	546,453
1876	24,244,010	2,408	51,775	54,055	24,492	27,286	21,781	25,048	10,689	7,550	9,971	16,893	7,546	10,536	3,151	7,769	2,141	3,089	2,327	11,604	31,951	598	2,344	25,461	360,465	510,315
1877	24,547,309	4,278	51,353	54,006	23,696	25,533	14,703	24,147	9,987	6,879	9,045	14,456	7,881	11,358	2,731	7,812	2,085	3,493	2,077	12,122	34,330	309	1,856	26,078	350,218	500,496
1878	24,854,397	1,856	52,856	60,742	24,763	26,658	24,462	24,700	10,417	7,652	7,765	18,842	8,460	17,784	3,498	8,703	2,191	3,530	1,870	12,485	35,482	629	1,683	27,483	384,511	539,872
1879	25,371,489	536	51,272	71,419	27,174	24,752	10,948	23,853	7,933	5,860	9,185	17,613	8,158	12,752	3,053	7,617	2,036	3,348	1,824	12,629	37,624	209	1,555	29,525	370,875	526,255
1880	25,714,288	648	48,201	57,939	25,166	26,704	29,519	23,503	8,730	6,710	12,328	17,404	8,514	13,662	2,810	9,536	2,162	3,735	2,014	13,102	34,768	797	1,339	25,823	375,082	528,624
1881	26,061,736	3,098	47,541	55,870	23,702	22,699	24,536	22,200	7,240	5,529	7,300	14,275	7,176	10,830	3,153	7,402	2,099	3,785	2,314	13,542	35,682	317	3,562	26,372	350,224	491,935
1882	26,413,861	1,317	48,715	57,853	26,058	23,318	17,185	23,021	7,992	6,036	12,711	13,732	6,959	15,259	3,992	8,246	2,227	4,040	2,435	14,057	36,238	351	3,260	25,765	350,767	516,654
1883	26,770,744	957	50,053	58,794	28,195	24,329	15,938	22,677	7,918	6,078	9,329	12,649	6,986	10,471	4,218	7,683	2,313	4,268	2,166	14,614	39,232	392	3,778	28,091	361,129	522,997
1884	27,132,449	2,234	49,325	53,410	26,246	24,937	26,412	23,056	7,476	6,380	11,324	10,863	7,124	11,476	5,020	8,367	2,280	4,592	2,145	15,198	41,667	805	3,529	26,879	370,745	530,828
1885	27,499,041	2,827	48,175	60,963	29,376	22,131	13,398	21,702	318	4,765	14,495	6,355	6,874	13,136	4,471	6,825	2,196	4,284	1,996	15,260	43,911	308	3,288	27,971	355,025	522,750
1886	27,870,586	275	47,872	61,438	28,098	24,146	24,748	22,873	245	5,061	12,013	5,986	7,073	12,936	4,098	8,265	2,231	4,865	1,533	16,243	45,332	536	3,147	28,451	370,465	537,276
1887	28,247,151	506	44,935	58,908	30,983	21,879	20,242	21,659	211	5,155	16,765	7,859	6,581	11,551	4,443	7,034	2,064	4,971	1,853	17,113	32,363	462	3,166	26,934	347,637	530,758
1888	28,628,804	1,026	44,248	57,571	30,844	20,741	12,839	20,764	160	4,848	9,784	6,378	6,743	12,287	4,815	6,774	1,927	4,917	1,635	17,506	33,389	220	2,814	27,196	329,426	510,971

[1] Vaccination was optional up to 1840, gratuitous, but not obligatory, up to 1853, compulsory from 1853 to date.

[2] "Enteric" Fever was included in "Typhus" Fever up to 1868.

[3] The returns for these 4 years were not tabulated.

[4] "Diphtheria" and "Cancer" were not separately distinguished until the years 1859 and 1847.

TABLE 2.

CAUSES OF DEATH IN ENGLAND IN THE YEAR 1888, ARRANGED IN THE ORDER OF MORTALITY.

(*Totals extracted from the* 51*st Report of the Registrar-General*, pp. 110 to 119.)

CAUSES OF DEATH.	Number of Deaths registered in the Year 1888.	CAUSES OF DEATH.	Number of Deaths registered in the Year 1888.
Bronchitis	57,571	Drowning (accidt. or negligence)	2,388
Phthisis	44,248	Emphysema, Asthma	2,388
Other and undefined Diseases of Heart or Circulatory System	33,389	Puerperal Fever	2,386
		Burn, Scald (accidt. or negligence)	2,081
Pneumonia	30,844	Diseases of Bladder, and of Prostate	2,073
Old Age	27,196	Suffocation (accident)	2,048
Convulsions	20,764	Ileus, Obstruction of Intestine	2,017
Atrophy, Debility, Inanition	20,741	Syphilis	1,927
Cancer	17,506	Paraplegia, Diseases of Spinal Cord	1,895
Apoplexy	16,127		
Premature Birth	14,063	Diabetes Mellitus	1,773
Diarrhœa	12,839	Syncope	1,713
Whooping Cough	12,287	Erysipelas	1,635
Measles	9,787	Laryngitis	1,590
Hemiplegia, Brain Paralysis	8,886	Pleurisy	1,559
Inflammation of Brain, or its Membrane	8,689	Anæmia, Chlorosis, Leucocythæmia	1,479
Endocarditis, Valvular Disease	7,616	Senile Gangrene	1,455
Bright's Disease, Albuminuria	6,941	Intemperance, Chronic Alcoholism, Delirium Tremens	1,451
Tabes Mesenterica	6,774		
Tubercular Meningitis (Acute Hydrocephalus)	6,743	Acute Nephritis	1,443
		Hernia	1,197
Fracture, Contusions (accident)	6,633	Other and undefined Diseases of Organs of Locomotion	1,138
Scarlet Fever	6,378		
Other Diseases of Liver	5,051	Other and undefined forms (accident or negligence)	1,132
Other forms of Tuberculosis, Scrofula	4,917	Other and undefined Diseases of Urinary System	1,105
Enteric Fever	4,848		
Diphtheria	4,815	Embolism, Thrombosis	1,043
Other and undefined Diseases of Respiratory System	4,639	Small-pox	1,026
		Caries, Necrosis	1,007
Other and undefined Diseases of Brain or Nervous System	4,519	Rheumatism	932
		Cyanosis	885
Dentition	4,235	Other and undefined Diseases of Digestive System	863
Croup	3,632		
Enteritis	3,621	Rickets	842
Cirrhosis of Liver	3,362	Atelectasis	825
Diseases of Stomach	3,329	Aneurism	782
Softening of Brain	3,264	Hanging (Suicide)	769
Epilepsy	2,900	Placenta Prævia, and Flooding	763
Other and ill-defined and not specified causes	2,814	Laryngismus Stridulus	757
		Angina Pectoris	694
Rheumatic Fever, Rheumatism of Heart	2,697	Diseases of Uterus and Vagina	614
		Spina Bifida	611
Insanity, General Paralysis of Insane	2,591	Uræmia	587
		Ulcer and Bed-sore	579
Peritonitis	2,422	Abscess	573

CAUSES OF DEATH IN ENGLAND—(*Continued.*)

CAUSES OF DEATH.	Number of Deaths registered in the Year 1888.	CAUSES OF DEATH.	Number of Deaths registered in the Year 1888.
Sore Throat, Quinsy	564	Typhus	160
Ovarian Disease	558	Carbuncle	151
Gout	558	Addison's Disease	148
Other and undefined Constitutional Diseases	554	Cut, Stab (Accident or Negligence	146
		Melæna	140
Thrush	539	Hæmaturia	137
Otitis, Otorrhœa	516	Bronchocele	137
Stomatitis	484	Phlebitis	126
Dyspepsia	457	Tumor	124
Drowning (Suicide)	453	Epidemic Rose Rash	123
Intussusception of Intestine	451	Suppression of Urine	122
Simple and ill-defined Fever	436	Chicken-pox	116
Other and undefined Accidents of Childbirth	420	Other Diseases from Animal Parasites	109
Sudden Death, cause unascertained	403	Chorea	106
		Pemphigus	106
Pyæmia, Septicæmia	392	Disease of Spleen	104
Cut, Stab (Suicide)	379	Gunshot Wounds (Accident or Negligence)	103
Poison (Accident or Negligence)	377		
Eczema	372	Fistula	93
Ulceration of Intestine	366	Varicose Veins	93
Puerperal Convulsions	362	Influenza	92
Other Congenital Defects	345	Epistaxis, and Disease of Nose	88
Hypertrophy of Heart	343	Abortion, Miscarriage	88
Hæmatemesis	335	Mumps	86
Poison (Suicide)	324	Disorders of Menstruation	84
Phlegmon, Cellulitis	320	Remittent Fever	81
Dropsy	319	Lupus	80
Starvation, Want of Breast Milk	308	Ague	78
Murder, Manslaughter	301	Phagadena	73
Purpura, Hæmorrhagic Diathesis	299	Disease of Testes, Penis, and Scrotum	72
Gonorrhœa, Stricture of Urethra	285		
Gallstones	280	Phlegmasia Dolens	71
Calculus	259	Puerperal Mania	70
Arthritis, Ostitis, Periostitis	246	Ophthalmia, and Disease of Eye	68
Diseases of Lymphatic System	229	Hydatid Disease	54
Ascites	226	Perineal Abscess	54
Cholera	220	Mortification	53
Paralysis	200	Idiopathic Tetanus	51
Other Diseases of Larynx and Trachea	198	Cowpox, and other effects of Vaccination	45
Cleft-palate, Hare-lip	197	Scurvy	20
Other and undefined Diseases of Integumentary System	194	Cerebro-Spinal Cord	18
		Hanging, Execution	17
Other and undefined Methods (Suicide)	194	Hydrophobia	14
		Splenic Fever	12
Gunshot Wounds (Suicide)	189	Relapsing Fever	8
Stricture, or Strangulation of Intestine	181	Other Diseases from Vegetable Parasites	7
Imperforate Anus	171	Glanders	2
Pelvic Abscess	165	Total	510,971

CHAPTER V.

THE DEATH TELL-TALE.

ARGUMENT.

That the mortality from Epidemic, Endemic, and Contagious Diseases is abnormally high, showing that Medicine has no influence over the Fever Group of diseases ; and that the proper remedies should be sanatory in their character.

That the Mortality Statistics show that certification is not properly carried out, that diseases which commence with fever, when deaths occur, the deaths are certified to causes which are symptomatic and not true death causes—the effect of which is to hide the truth and to mislead the nation.

OPINIONS BEARING ON THE SUBJECT.

"This class (the class denominated Epidemic, Endemic and Contagious Diseases), comprises diseases which have been observed to be epidemic, endemic, or contagious. The blood is probably in the greater number of them the primary seat of disease, and they may be considered, by hypothesis, the results of specific poisons of organic origin, either derived from without or generated within the body."—*Dr Wm. Farr.*

"Poisons are not so often as they are believed to be—remedial."—*Dr. Wm. Farr.*

"I am certain I speak the literal, the simple, the unexaggerated truth when I assert that thousands—not hundreds, but literally thousands—of human beings are killed *every year* in Great Britain alone by drug medicines."

"It is very sad to contemplate this state of things. To see with one's bodily eyes its baneful effects in perpetual operation all around is *sadder still.* To mark the apathy of medical men in general with regard to it, the pertinacity with which they cling to it, the hostility with which they treat all attempts to improve it, is by far, by very far, *most sad of all.*"—*Dr. Edwd. Johnson.*

I have not introduced this very elaborate table with the object of extracting out of it any ingenious statistic favourable to our views on the Anti-Vaccination question. Throughout the pages of this volume I have purposely ignored statistics. As I have previously

remarked, "Vaccination is either right or wrong in itself, independently of any statistic." The medical officials of the Local Government Board have clung to statistics with the nervous tenaciousness of a man *in articulo mortis*, for the sole reason that this is their only chance of beclouding the judgment of their followers and of misleading the Queen, the Parliament, and this entire nation. If the controversy depended upon figures it might go on for 500 years, and then awake to find itself at the beginning of the argument.

My object is pre-eminently practical. Firstly, in this work I have lifted the Vaccination question out of the common rut of figures, and considered it in its physiological aspect, as a blood-poisoner. When blood inoculation, in its truest light, becomes blood poisoning, the mind, possessed of a far-reaching power of comprehension, is dismayed and shrinks from investigation, preferring for the time being to remain in that happy state of ignorance which distinguished it in the past. Some men retain a secret dread of being convinced of errors which they drank with "their mother's milk." Errors which cost people nothing to get and come to them anyhow are parted with most reluctantly. The late Geo. Graham, and the late Sir Edward Baines, believed in Vaccination because they "knew Edward Jenner." There are plenty of that ilk remaining with us yet, not, perhaps, who knew Edward Jenner, but who have heard of Edward Jenner,—the second reason is quite as philosophical as the first. The disappearance of Smallpox epidemics was contemporary with the spread and acceptance of Jenner's theory of Vaccination, but it is difficult to convince people of the very ordinary statement that things may be coincident without being consequential,—there was no logical connection between the two events. This fallacy, disastrous beyond recall, stands between us and the immediate success of our contention. Medical men have attributed to Vaccination that which was due entirely to Sanitation, and the public mind accepted that conclusion without proper enquiry. And here we are, after nearly 100 years' experience, still battling with a myth which is now a mania, and the members of the faculty who ought to know the most are the last to to surrender an observance which is unparalleled for its brutality and its fatality.

Secondly, I have drawn up an indictment against the drug treat-

ment, and in selecting the Fevers as a group for the object of my attack, I have done so for the manifest reason that, of the great body of disease conditions in this country, three-fourths of the whole has its origin in fever, or blood-poisoning. This fact is discreetly and uniformly hidden from public view. Every act of the medicine man is secretive in its character, whether in the nomenclature or classification of diseases, in their treatment, or their certification. A medical priesthood has grown up around us, selfish, secretive, and ineffective, and the people of England have now this conspiracy of mismanagement to deal with, to enquire into, and to reform. The initiatory step in this upward movement is to begin with first principles, to change the basis on which the physician grounds his charges for services rendered—viz., from that of curing disease to that of preserving health.

In impeaching the Drug System I have not rested there. I have done that which any sensible man would do. I have sought for a substitute and found it. I have said that Hydropathy is the nature cure of the future and capable of covering the whole field of disease. I adhere to that opinion—nay, I go further, I say there is no other remedy in the wide domain of nature equal to it or able to contend with it. Hydropathy has no rival. I have not pulled down one system without building up another in its place, and I am prepared to uphold and defend the system I would re-introduce. I say re-introduce, because the nature treatment—the cold water and the fresh air, the simple diet and the exercise—were the remedies for fevers of all sorts before such schemists as Æsculapius, Hippocrates, and Galen were born or thought of. These men in their days were the quacks of the period, but modern medicine has elevated them into deities; their remedies, like themselves, will soon pass into oblivion together, without a regret and without a desire for their return "uttered or unexpressed."

Thirdly, I have shown that infection is a fungoid growth, the penalty which nature inflicts for misdemeanours in the management of disease. Wherever there is infectiousness in a patient, whatever the fever may be, it is the natural consequence, the result of negligence, of medical incapacity. In all fevers the duty of the physician is to destroy the germs which have infected the blood, then to remove the

dead matter, and thus stop any further development which would end in sequelæ far more serious in their charaeter and termination than the fever itself. Physic has no such object and no such power. Physic has no knowledge of such effects. The Pharmacopœia is silent on the point and the great men in the profession turn up their noses at the very smell of sanatory remedies. If physic cannot cure, nature treatment shall not have a chance; this is the dictum of medicine, but we shall soon see a different course of thought and appliance for the cure of the fever group of diseases.

Fourthly, I have suggested that the complications and sequelæ of the fevers are the protests of nature direeted against the ineffectiveness of the drug system—a system which ensures the maximum of suffering and the minimum of advantage to the patient; a system which is costly, occupying a lengthened period in its cures, and by no means efficient in their quality or permanent in their nature. Such death-eauses as phthisis, bronchitis, atrophy and debility, diarrhœa, convulsions, hydrocephalus, tabes mesenterica, scrofula, erysipelas, &c., &c., are swelled to a marvellous degree by the complications and sequelæ of the various fevers—the single result, as, I have before observed, of defective manipulation of disease. Sanatory remedies, admitted within the scope of medical treatment, would culminate in the upsetting of all the theories and practices of ancient and modern physicians. How can this reform be compassed? Only by the establishment of lay hospitals and sanatoriums in the first instance. Show to our medical colleges, our Universities, to Parliaments, statesmen, and to the people, a wiser treatment, and a safer cure, and our medical men, by the sheer force of public opinion, will have to adopt and make the best of the change. I have no hesitation in describing the present treatment of all fevers as one that is highly criminal in its charaeter. Let it be known, therefore, that all the eomplications and sequelæ of the fevers are wholly caused by mismanagement and are not the necessary adjuncts of the fevers.

After these prefatory remarks, I come to the use I intend to make of the death tell-tale.

For forty years I have been a keen student of the Registrar-General's Report. I have watched the course of medicine. I have noted the great defections from Allopathy, the rise, progress, and the teaching

and practice of Hydropathy, Herbalopathy, and Homœopathy. For nearly the whole of the period mentioned I have been on friendly terms with many of the practitioners in each of the four systems.

One thing has struck me, year by year, in connection with the mortality of the people, and it is this—viz., that medicine is destitute of all power to control disease, and I cannot conceal my indignation when I know the nature of the treatment to which the nation is subjected at the hands of men who cling to an antiquated practice and repudiate sanatory remedies altogether.

I ask my reader to spend an hour in the study of the statistics of the twenty-three causes of death disclosed by the table. When he has done so, let him ask himself the question, "Do the statistics of the mortality for fifty years back from these causes satisfy me that medicine has been of any service in controlling or curing disease?" It does not satisfy me. Perhaps it will be said I am "hard to please." Not by any means,—Hydropathy pleases me all round, and why should not Physic do the same? There is only one reply. I have scrutinized its doings with a keen eye, but I have seen Physic a failure through all the ages.

1. When I see before me the deaths of 24,600 persons from the four groups of fevers—viz., continued, intermittent, remittent, and eruptive—I know that the majority of them might have been saved by suitable measures. We shall see further on what remedies are used by the profession. But little argument is necessary here, inasmuch as the physicians of the principal London hospitals say of these disorders, "We cannot cure them." "They must run their course." The admission convinces me that it is time the people looked after themselves, and began in earnest to see which is the safest and the grandest treatment. Remembering that all these deaths are due to blood-poisoning, and that the only elements in nature which are armed with the authority to destroy the special poison germs of each fever—the extremes of heat and cold—is it not marvellous, nay, is it not criminal, thus to ignore them? I once stood by the bed-side of a fever patient, apparently dying, when the physician turned to me and observed, "If I could get that child into a perspiration I could save her life." Ah! how many of the 24,600 who crossed the narrow stream which separates the two worlds might have been here

now if their medical men had known how to administer "a perspiration" to each of them? This they cannot do with any of their antidotes or specifics. No, not if each surgery in the Universe were piled one upon the other, they could not produce a "perspiration." And yet it is one of the most facile operations—the pack! This remedy is one of a mechanical description, requiring neither skill nor prescription. For fevers the presence of a medical man is not necessary. The Hydropathic process is at the fingers' end of bath-man or nurse; and no woman ought to become a mother until she knows how to stop a fever in ten minutes. The dogma that "the fever must run its course" is one fitted only for a certain asylum, or, at its best, for a preliminary school for children "under 5." Notwithstanding this, and all that I can urge, the principle is acted upon in practice, and men and women are perishing daily by a system which teems with error, and within sight and call of remedies which are harmless and fixed in their methods and results.

I have seen many patients die of fevers under physic, but I never saw one die under cold water, the pack, or the Turkish bath, and I question if anybody else ever did. *Nature is the great Physician.*

2. Again, when I cast my eyes down the columns 2, 3, 4, 5, 6, 7, 12, 13, 15, 17, 18, 19, and 20, and find a total of deaths per annum of 270,258 persons from phthisis, bronchitis, pneumonia, atrophy and debility, diarrhœa, convulsions, hydrocephalus, whooping cough, tabes mesenterica, scrofula, erysipelas, cancer, and other diseases of the circulatory system, and know that most of these deaths are the sequelæ of vaccination, and of the complications and consequences following mismanagement in the treatment of fever, I am smitten with an inward horror when I reflect that, to the mind of the Infinite, this kingdom, with its mass of disease and its huge mortality, is little better than a place I forbear to name—where the bones of the dead are deposited.

When I know that the deaths from atrophy and debility, diarrhœa, and convulsions, a total of 54,344 deaths annually, are wrongly certified; that they are symptomatic, not causative, I am justified in saying that the whole system of registration and certification requires to be remodelled and reformed. Medicine will never reform itself. Certification should be in the hands of an independent authority.

3. Again, when I contemplate the resources of Infection, in its power to spread epidemic and fever miasmata all around, and know, at the same time, that all fever contagiousness given off by the patient is the result of bald-headed ignorance in the treatment, I am not surprised that Medicine should seek to hide some death-causes under misleading symptoms, and that a continued warfare should be kept up between itself and the other three rival systems, all of which are immeasurably in advance of Allopathic practice.

Allow me to point out a very objectionable feature connected with the Registrar General's department. From the year 1855 to 1881 inclusive, there was an annual table given, headed "Causes of Death in England in the year 1855, arranged in the order of their Fatality." Dr. Farr published it up to 1879, but it was only continued one year later, in 1880, and then it disappeared altogether. Furthermore, there was a second table, giving the same statistics in a different order, divided and sub-divided to suit the medical mind, headed—"Deaths from different Diseases in England in 1880, classified according to the nomenclature drawn up by a Committee appointed by the Royal College of Physicians of London." Now this table made its appearance in 1873, but in the first table the statistics were also incorporated for the seven preceding years, so that the table really dates back to 1866, and it appeared annually up to the year 1880, being continued but one year after the death of Dr. Farr. When Dr. Ogle came into this department he was taken from the Council of the Royal College of Physicians; that fact to some minds, to mine as well, may account for the proclivities leading him into wrong paths.

Another more serious charge against the department is that during Dr. Farr's administration there was only one death-cause headed "Causes not specified or ill defined," and there were only 114 causes of death, whereas we have now half a score death causes "Other and undefined," and the total death causes number 167. We are marching up to the 2,000 in double quick time; but we are going centuries back in our certification!

A few months ago I called at the Office in Somerset House for some recent statistics of death-causes. Dr. Ogle was out, so I saw the next Official, "arranged in the order of their fatality." I asked

for totals of certain death-causes from the year 1880. "Oh," he answered, "I have not got them. We only keep Registers with the totals of 'Males' on one side and 'Females' on the other page; you must add them up for yourself." I expressed my surprise, but I had to submit with a good grace. If I had been in that office 21 days no enquirer would have received such an answer. This Department is now a suburb of the Royal College of Physicians.

Thus it is clear that every difficulty is placed in the way of the public in getting at facts and statistics which may be required, and the Report itself, compared with what it was under Graham and Farr, bears no message to the people of England,—it has lost its old charm, its significance, and its influence. It is a shame and a reproach to the nation that a Department with so many opportunities of doing good service as an exponent of Sanitary Science, should be allowed to remain under the present jurisdiction.

Some three or four years past, namely in 1887, I wrote on these subjects to my friend the late Mr. Leone Levi, suggesting that he should place himself at the head of a committee to be formed with the avowed object of informing the Country and Parliament of the facts to which I have now drawn attention. He replied as follows, viz. :—

"5, Crown Office Row, Tempie,
10th March, 1887.

Dear Sir,

I am obliged for your letter of yesterday, and I have much sympathy with your object, but I am sorry to say it is quite out of my power to form part of the Committee you propose, having no time at my disposal.

Believe me, Dear Sir,

To Mr. J. Pickering, Yours faithfully,

Ancrley, S.E." LEONE LEVI.

The duty of the public men of this country is now to form themselves into an association for the purpose of studying and spreading information on the twin subjects of Sanitary and Sanatory Science. It is absolutely called for in self-defence. The people are not bound to be treated by any one section of the profession, and particularly when that section is the least entitled to our confidence.

It is a serious matter when we reflect that of the four branches of the profession, three of them are distinctly opposed to Allopathy. Hydopathy is the nature cure, it resorts to no medicines, and its adherents are now a multitude whom no man can number. Herbalopathy abandons the use of earths, minerals, and poisons, and utilizes the simple herbs and the cold water remedies, and its cures are safe, rapid, and successful. Homœopathy, the last defection from orthodox practice, has practically relinquished the use of drugs, and has adopted the infinitesimal dose, a dose so infinitely powerless that it barely meets the exigencies of so many people, who, to obtain a cure, must have something to swallow. Yet Homœopathy does good work.

The one great object of medicine is to keep up costly and dilatory cures, to traffic in paper prescriptions when the physic is valueless, nay injurious to the purchaser. All this mischief comes from the initial blunder committed generations ago when our progenitors adopted the practice of paying the physician for curing disease.

I would also draw attention to the unpropitious statistics of "Old Age" as a death-cause—a most significant and curious feature.

Also to the fearful increase in the mortality from "Cancer."

I shall now go through the 23 causes of death verbatim, and shall offer comments on each of them. And I trust my reader will go through them with me very carefully.

On Smallpox.

Smallpox ravaged Europe during the middle ages, as it has been and may again be stated in these pages, as one of four contemporary Epidemics. The conditions which produced them were one and the same,—general insanitation, indifferent and defective diet, overcrowding in filthy homes, bad drainage, water surcharged with impurities, and other circumstances, some recorded and others unrecorded, but which were well known. As there was no corresponding artifice to Vaccination for the Smallpox, either for the Plague, the Black-death, or the Sweating Sickness, and considering that all four Epidemics began to abate and disappear simultaneously, is it not fair to argue that if the Smallpox had not been retained by artificial

means, that is by inoculation and vaccination, the disease would have followed the same law and retired altogether in obedience to the new order of Sanitation inaugurated when London was rebuilt in 1666, and when other towns and cities began to follow close on the heels of that good example? I have no doubt, in my own mind, that had it not been for the unfortunate and whimsical interference of Lady Mary Wortley Montagu in the matter of inoculation, the effects from which for 80 years were more fatal and widespread than any Epidemic,—and then again by Jenner, in the sister rite of Vaccination, the effects of which have occasioned a greater devastation in infant mortality than Plague, Black-death and Sweating-sickness combined could have wrought in this country under the later conditions,—Smallpox would have been comparatively unknown in our times, and for 200 years back.

In writing on the Smallpox, Medical authors in this and other countries, agree in saying that it is the most contagious and the most fatal of the eruptive fevers. I deny both statements. If they had said that it has been so up to the present time, I could not have given that version of it a direct denial. But to say it is the most contagious and fatal, implies that it is so essentially and irrevocably, which is absurd.

If Medical authors had said the Smallpox is the most contagious and fatal of all the Eruptive fevers, *under Medical treatment*, I should have said, "I must concur in the remark, because that fact is now a matter of history, being deeply written in the chronicles of our times."

1. Smallpox under sanatory appliances is not contagious.

2. Smallpox under the same agencies would not terminate either in pitting, disfigurement, or blindness.

3. Smallpox under sanative remedies is not a fatal disease.

Of the three principal fevers which, in the present day, under Medicine, are the most contagious and fatal, the Smallpox, Typhoid, and Scarlatina, I say, under proper Sanatory treatment, the Smallpox is the easiest to cure, the healthiest in its general effect upon the system of the patient, and further, that it should neither be contagious nor should sequelæ supervene. And it should not be a fatal disease. Under physic it is all the three,—contagious, sequelaic and mortal.

The mortality of Smallpox in our day, the pitted faces, the blindness, the contagion, and the dreaded sequelæ,—what of these? Are they the incapable morbid results of the drug system? Yes, of unsuitable, unnatural treatment. Physic is an unhelpful, unscientific system. As a system, it is corrupt to its very core; it has no life in it, no, not even the semblance of life.

Under Sanatory remedies the whole programme is exactly reversed,—no contagion, pitting, disfigurement, sequela, or death. Smallpox is curable and harmless in itself. When it is mortal, other circumstances decide the issue.

My theory is based, Firstly, upon my own experience and observation. Secondly, upon the theory and practice of Sydenham, who for many years devoted his exclusive attention to fevers in general, and the Smallpox in particular. Sydenham, called the great physician, had an extensive practice from 1650 to 1689. He placed great reliance upon Sanatory remedies, and if his practice had been followed up, Medicine would not have been to-day the helpless, hapless, hopeless thing it is. Thirdly, upon the experience of Priessnitz, who practised at Graefenberg, in Austrian Silesia, from 1826 to 1851, and who, under the cold water cure, was amazingly successful in the fever cases. The late Dr. Edward Johnson was very intimate with Priessnitz, having stayed at Graefenberg some time studying the process, and he told me that Priessnitz, during his career, had treated poor patients for the Smallpox to the number of 600, and that he had had no pitting, blindness, or deaths he could work up into a per-centage, and that he regarded the Smallpox as the easiest of cure of all the fevers. Fourthly, upon conversations with leading Hydropaths. Dr. Edward Johnson said to me one day when speaking of Smallpox,—"Smallpox, taken in the early stage, is very tractable; at a later stage it is manageable, and should not be fatal. Sydenham was right when he said of fevers that if a patient died of any one of them it was through the default of his physician." Dr. McLeod said to me, "Under hydropathy all fevers yield to the treatment. *Hydropaths do not care for such cases for this reason,—if they took them in, their regular patients, from the mad fear of contagion, would leave the house in a flock.* I do not see that fever patients could be treated hydropathically save in public institutions set apart for that object." Mr. Smedley

said, in his quiet way, "I should be ashamed of myself if I lost a fever case." Mr. Anthony Spencer, Herbalist and Hydropath, of Keighley, during the Smallpox Epidemic in that town, in the year 1875, treated 175 patients and only lost one,—that one was a female in whom there was a complication which arose out of her recent confinement. One of his experiences was exceptionally interesting. I saw him for the first time in July, 1889. The narrative ran as follows, viz.:—

Relation 41.

"During the Epidemic of 1875, a young married couple, travelling about with a small theatre company, came to see me one afternoon, both complaining of severe pains in the back and considerable prostration, and I said to them, 'You are going to have Smallpox.' They were in great trouble, being the principal characters in the company. They remarked, 'It will be the ruin of ourselves and the party with whom we are connected. It is a sad prospect for both of us.' I said to them, 'Look here, if you will bear up manfully and assist me in every way I suggest, I think I can take you through it without your sacrificing either your position or prospects.' I did so. They attended rehearsal in the morning, played at night, and submitted to my treatment in the intervals. Not one in the company knew of the affair; neither of the two were pitted, and they carried no infection about with them. They were both grateful for the manner in which I brought them out of the fever, and I never had more docile patients."

I wish I could have given this recital in his own words.[1] Mr. Spencer has a fine open countenance. He would scarcely recognize

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[1] I observed to Spencer, "Then you did not disinfect these two actors?" "Not at all, such bosh; with my treatment there was nothing to disinfect." "Did you not order them to burn their clothes and their properties, to cut off their hair, to paper their kitchens, bed-rooms, and all that sort of stuff?" "On the contrary," he said, "I just treated them as is the way of hydropathy, without reference either to infection or after consequences." "Perhaps you would not object to sleep by the side of a patient to show your contempt of infection?" "Let me treat them in my way and I will sleep between two patients every night." "You do not hold then, with medical views as to infection?" "Infection never troubles me. Infection does not bother my patients. They never see it, and I never give it a thought," he replied. I observed, "I think we agree on every important point." "Well, you see," he answered, "we think and observe for ourselves."

"Before we part," he said, "there is an incident I should like to name. The fact got into the papers in 1875 that I had treated 175 Smallpox cases, with only one death. Two physicians came over from Leeds to see me, and enquired as to the truthfulness of the report. I told them it was true enough. They asked me if I would give them the names and addresses of the patients. I did so, and they quietly wrote down the whole list and took it away. They questioned me also as to my practice. I explained to them the routine of my treatment from day to day. They were good listeners. I heard afterwards that they called upon a number of my patients to see them, and to institute personal enquiries as to the cures. But I heard nothing more on the subject, and I don't suppose the doctors were any the better for the enquiry they voluntarily initiated." "You do not conclude," I observed, "that Medicine would go in for Sanative remedies after being informed of the success attending their application." "Physic," he remarked with a smile, "Physic cannot afford to unite itself to simple remedies."

the narrative, because I have given it in pretty fair English. His is the pure Yorkshire dialect, but he expresses himself with such infinite grace that the *patois* of the mill district is lost in the charm and sincerity of his manner. Any educated man might be excused for thinking that his own was the *patois*, whilst the northern speech of Spencer was the orthodox English. *He is a physician born.* In any fever I would sooner place myself under his care, than under that of any three, aye, or thirty-three of the first physicians in London. He said, "I should wonder what was in the air if I lost a fever patient."

Keighley boasts of another nature Doctor nearly of equal renown as Spencer, Mr. Shackleton. He has a small domicile about half a mile out of Keighley, and it is a regular hydropathic establishment. His house is nearly always full of patients, and his cures are the envy of Allopathic practitioners.

There is yet another nature doctor in Keighley in the person of Mr. Newton, Herbalist and Hydropath. His practice, fairly good, confirms that of Spencer and Shackleton, viz.: that Smallpox is the most manageable of the Eruptive fevers, and that all fevers are successfully treated by Sanatory remedies. Keighley is further in the van of improvement from the fact that there are 20 men and women of the labouring class who know how to give "a pack," having assisted hydropathic practitioners at various times, and there is in this town a widespread conviction that "the cold water cure" is the best and safest remedy for all fever cases, so that many patients are the objects of this domestic practice and never think of consulting a medical man, Allopath or Hydropath.

Allopathy has little or no practice in Keighley. Several Medical men in years past, who, having consulted the Medical Directory and observing the small number of "legally qualified" in the town, have gone there and in about three months they as suddenly disappeared, having discovered that the practice was pre-occupied by a more sensible remedy than that embodied in the drug prescription.

Without Vaccination or physic, Keighley is rapidly advancing in several important particulars:—1. The mortality among children under five years has sensibly diminished. 2. There are fewer cases of insanity than under the old regime. 3. Education amongst the children of the lower classes has attained a far more excellent standard.

4. The general state of health of the rising population is of a higher order. 5. There is no Vaccination, and, of course, there is no Smallpox.

Leicester follows closely in the track of Keighley. In some matters, such as the isolation of fever cases, Smallpox included, and the high Sanitary condition of the Town, it may take the lead; but generally speaking, the two towns are pretty much on the same level. Keighley became so satisfied with its own results that it lapsed into a chronic state of apathy. On the other hand, Leicester has kept itself well up in its work, and as soon as the new drainage system is completed, I venture to prophesy that it will be remarkable for maintaining the lowest death-rate of any City in the Empire. Leicester has few natural advantages. The town is built upon a wide plateau, affording no fall for any system of drainage. The country is, however, in a high state of cultivation. Now if the Corporation would add a Turkish Bath to their Hospital, for the special treatment of Fever cases, they would receive the benefit from it a hundred-fold. Instead of Smallpox being the most fatal of all the fevers, why, so far from that being true, the Medical officer has not been able to kill a patient suffering from that disorder for a long time—some 5 years I believe! And although Leicester has had no less than 46 imported cases of Smallpox from 1884 to 1889, the Sanitary Committee, a very able body of men with a model chairman in the person of Mr. Alderman Windley, have proved that the Smallpox is not the most contagious or fatal of the fevers—but is the very opposite, thus disproving two of the most common statements from the pens of medical authorities, and supporting views so repeatedly expressed in these pages. That Anti-Vaccinators should have to expose the fallacies of what Dr. Creighton, in the excess of his sympathy, calls "a great profession," is surprising indeed, but we do not intend to stop there, we shall compete at once in the manipulation of disease. Medical men have exhausted every art which officialism and oppression could invent to enforce their nostrums and their privileges upon the people. The Vaccination laws have been enforced with a vindictiveness and rigour worthy of the best days of the Inquisition, and if the leaders of the profession dared to do it they would yet compel obedience by sheer brute force,—they would

requisition an armed police to protect the Vaccinator in the performance of the rite. Luckily there is no chance of that alternative being resorted to. In shooting her reserve arrow, the Royal Commission, Medicine has broken the back of her bow. The "Scorpions" of Rehoboam brought upon him the words of defiance, "Look to thine house." Anti-Vaccinators have suffered the whips and scourges of the law with the heroism that distinguishes Saxon blood, but deliverance, by God's blessing, has come at length to those who deserved it most. We now say to Medicine—"Look to thine house." We shall live to trample this thrice accursed Vaccination superstition beneath our feet. We pity the men, the dupes of Jenner, but we hate the observance, and we despise the law. And we shall advance another step and show our contempt for the system, the drug system, which nurses and diffuses this cockatrice's poison, and whose high Priests are moving heaven and earth to retain the principle of compulsion, in the Vaccination Acts, for 20 more years. Every artifice that ingenuity can devise to sustain a false issue, and every statistic which cunning can elaborate to hide the real issue, are now brought into active operation before the Royal Commission. False theories, false principles, false statistics, and false issues, are the foundation and the pillars that prop the temple of Shiva, the poison god of the Medical faculty—misnamed, "Vaccination."

The treatment of Smallpox, in past ages, by the Æsclepiades has always been a piece of pitiable blundering. The stories of red curtains, red coverlids, red wine, and red physic, darkened rooms and a hundred other fads, all of them far away from true treatment, have but one effect, viz., to render us more doubtful as to the capabilities of the faculty in dealing with the smallpox in the present day. Hospital treatment now is only of a semi-barbaric nature. The physician says, "We have no cure for the smallpox, or its sequelæ." I know that well enough; it is no news to me; but it will be something new to the public or else I am grievously mistaken. "It must run its course," yes, unassisted, because physic has sought after antidotes and specifics instead of looking to nature and to natural remedies.

Inoculation, Vaccination, Pasteurism, and Kochism are "mummeries all"—they have no true scientific basis.

Phthisis.

Briefly, this disease is the "consumption" of every-day life. It involves tubercular disease of the lungs, but its scope is enlarged by including other diseases of the lung-tissue. The various sub-divisions are six in number, one of them being *Syphilitic Phthisis.* In the treatment of this disease by calomel, the syphilitic poison is driven in upon the weakest function, and in very many cases terminates in consumption. Mercury, or calomel, seems to be invested with the fatal power of assisting the cuticle to heal, and then the physician or the quack, says, "There's your cure." It is only a surface cure which the patient soon discovers for himself. There is no capable treatment for syphilis outside sanatory remedies—the pack or the Turkish bath. We are told that Phthisis is mainly hereditary. That is not so. The tendency of hereditary disease is to die out, if the subject of it has the sense to lead a healthy and vigorous life, and to submit himself to a reasonable treatment.

We have, however, proof that Phthisis is hereditary to a large extent, but not nearly to the extent of the mortality registered from year to year—a mortality significant enough to show that physic cannot cope with it.

Phthisis is one of the *sequelæ* of the exanthematous fevers, and thousands upon thousands perish of phthisis annually—the sequelæ of fevers badly treated.

It is also inoculable in vaccination, and the infant population succumb to the double taint, and diarrhœa, atrophy, or convulsions, step in to end the battle for dear life.

Phthisis has many other contributaries, but they are so well known as not to need recapitulation. With the space at my command I can only touch these death-causes with a light hand.

Bronchitis.

Bronchitis is a disease which, before the introduction of vaccination, was restricted within a much smaller compass than it fills at the present day. I have no intention of describing the different forms or sub-divisions of this disease, nor yet to point out all the principal

predisposing or exciting causes which attend its development. My object in regarding the increased mortality as it presents itself concurrently with the spread of vaccination, is to show a connection with that rite and the disorder. Some of the ordinary causes may briefly be adverted to, such as exposure to a cold or moist atmosphere; sudden changes of weather; passing out of over-heated rooms, when in a state of perspiration, into the open air; or bronchitis may supervene upon any of the exanthematous diseases. *It is in its most prominent aspect the decided sequela of Vaccination. It is also a frequent consequence of the suppression or retrocession of vaccination.* In thousands of instances the vaccine eruption is never brought out, and such cases are entered "unsuccessful;" but the poisoning of the system is as complete as virus can effect it. Bronchitis may have its specific germ, and may not only be excited by vaccination, but may be *as communicable as any other form of inoculable disease.* Year by year its ravages are becoming more fatal, and until vaccination is stamped out, bronchitis, in a business point of view, promises to be an ever-increasing source of revenue to the faculty, and the mortality will not decline until the people rise as one man and say we will henceforth pay our physicians for preserving health instead of curing disease. When that day dawns, the happiest day yet in store for our race, then vaccination—that mighty disease producer—will perish, and along with it will expire other disease-exciting agents which attach themselves to the practice of physic, and which cannot be contemplated without apprehension.

Bronchitis is an ever-present pestilence. It is *a plague* worse than the small-pox, infinitely worse; and in talking, in legislating, in futile attempts to stamp out the lesser evil, we add fuel to the fire; we invaccinate diseases, the havoc of which is as fierce and terrible as half-a-dozen epidemics! *Bronchitis* is an annual scourge, and if left to pursue its own career for another 25 years, will rob us of *one hundred thousand lives* per annum—a mortality from one disease which ought to create some cross-questioning in the minds of the people. And yet the faculty insist upon invaccinating manifold diseases upon our children, and promise us an immunity from *one*—a promise which, like many others, is more "honoured in the breach than the observance." When will they cry "Enough, enough?" Physic has no power over disease. None. It has a strange power to communicate disease, as in

Vaccination, and neglect of fevers, but none to restrain or to manage it.

The statistics of bronchitis show a regular progression in correspondence with the progress that has been made in the enforcement of vaccination. From 2,067 deaths in 1838, to 57,571 in 1888, and yet the faculty are as silent about it as the statuettes on our mantel-piece. But as to small-pox mortality, all the medical papers, and the press generally, create a regular *furore* if the mortality of that disease is increased a few thousands once in a decade, as witness the excitement attending the recent Sheffield epidemic, and all this notwithstanding the fact that in years of small-pox epidemics the general mortality is not in any way increased! Now, why is this fuss about small-pox? "Oh, they answer, think what a dreadful thing small-pox is, how it disfigures where it fails to kill!" What is that? "*Dreadful?*" Is not death by bronchitis dreadful? "*Disfigurement!*" Alas! bronchitis does not disfigure, it kills outright! It is far more merciless; it counts its victims by thousands, and every year the mortality is increasing. *I am persuaded that bronchitis, to a very large extent, is, firstly, the sequela of Vaccination: secondly, of fever complications; and, thirdly, it is an engrafted disease!* "*Vaccinate, vaccinate,*" is the everlasting cry, and "*Bronchitis, bronchitis!*" is the everlasting response.

I have for many years held the opinion, and I have made known my views upon that subject very widely, that "Bronchitis" is mainly a vaccinal disease. It may be a form of vaccinal syphilis, or it may be a special disease resulting from the admixture of human blood with that of the beast—the cow; to mix the morbid matter from the blood of a cow with the living blood of a child is of all insanity the most insane. The reasons which have suggested themselves to my mind, and which led me to form the opinion above expressed are:

1. "Bronchitis," as a cause of death, was at a very low figure in 1838, and at that period vaccination was little practised.

2. The mortality from "Bronchitis" has progressed in correspondence with the tide of legislation rigidly enforcing vaccination.

3. "Bronchitis" is an inoculable and contagious disease.

4. Because there is no other "disease-cause" in the country, equal to vaccination, so capable of producing and accounting for this terrible and ever-increasing mortality.

5. Because in those years immediately succeeding a small-pox panic, when vaccination and re-vaccination have been urged and promoted, the mortality from Bronchitis has correspondingly increased. Thus in 1872 the total mortality from Bronchitis was 42,752, but in 1873, the year following the small-pox epidemic of 1871-2, when vaccination and re-vaccination were enforced, the mortality from "Bronchitis" reached a total of 51,425 deaths. I should not like to say, dogmatically, this is cause and effect, but it looks wonderfully like it.

6. "Bronchitis" must have had a special origin or special development; its small beginnings in 1838, and rapid rise from that period up to 1888, favour that conclusion.

7. Prior to 1838 all the causes which are known to propagate this disease in a natural way were then in active operation, and each successive year from that time marking an improvement in conditions favourable to life, ought to have produced a diminution in the mortality from "Bronchitis," instead of an increase.

8. The condition of the people and of the country in a social and sanitary point of view, since 1838, has considerably and materially improved, and yet here is a disease which is an ever present pestilence, a plague that acknowledges no "Passover" sign, for unlike small pox and its companion zymotics, it pays its regular visits to rich and poor, whether they reside in localities which are healthy or unhealthy, and inexorably exacts "black-mail" from every district. This circumstance is another feature that seems to link the disease with the vaccination, they seem to go hand-in-hand, disease companions in very truth. Is it not "cause" and "effect"? As I have said before, when small-pox is abroad, the cry is "vaccinate, vaccinate," and the immediate response is "Bronchitis," "Bronchitis."

In ancient times the Almighty said of the idolatrous Jews, "I, the Lord, will answer him that cometh according to the multitude of his idols." If my suggestion that Bronchitis is largely a vaccinal disease be true, and I have very little doubt of it, then are we paying heavily for the craze of vaccination, for the worship of one abominable dagon which the medical profession have set up, when we refer to the mortality from this one disease cause, "Bronchitis." The late Dr. Nittinger, obtained some singular microscopic effects here. He found in some cases of Bronchitis that the membrane lining the air passages

was covered with numberless pustular eruptions similar in type to the pocks on the cuticle of smallpox patients. He said that the Bronchitis in such cases, was "small-pox driven inwards," and attacked the weakest part of the constitution, and was the direct result of the vaccine virus, the base of which was small-pox matter. Dr. Nittinger published his investigations, and no attempt was ever made to disprove them. I only mention it here as one of those probabilities which future investigations may confirm and establish.

Medical men have recorded the frequency of bronchitic attacks after vaccination. It is a common observation amongst them.

Another feature of Bronchitis is, that in many instances it is a form of Vaccinal Syphilis. This is a point unfit for discussion in these pages. I shall content myself by saying that I believe the contention one capable of being supported by facts. I have known cases where there was the absence of symptoms which generally accompany Bronchitis from cold or exposure, and where the symptoms were more nearly allied to those having a decidedly syphilitic origin. Medical men have admitted this in conversation with me on several occasions.

I said to Dr. Ogle when discussing this subject, "Have you never heard of syphilitic bronchitis?" "Of course I have," he replied.

Pneumonia.

Pneumonia is a term implying inflammation of the substance of the lungs. There are several sub-divisions, the principal one being *Catarrhal Pneumonia.* The registration of deaths from pneumonia are not to be regarded as accurate, seeing that the disease is so nearly allied to acute bronchitis. There is a negligence in certification, and a method in it as well, which detracts from certainty in the death record of the nation, whether from this or many other diseases admitted as death-causes.

The treatment of pneumonia is accountable, in a very great measure—particularly in hospital practice—for the high mortality.

For inflammation in any of the tissues or functions, the pharmacopœia is truly helpless. In these cases the cold water treatment is absolutely a specific. My true contention throughout this book is to urge upon general attention the fact that nature's remedies must, in

the future, be included in every sensible system of treatment. Hitherto they have been excluded, and their merits have been ridiculed and trifled with. I urge them as a substitute.

If a Royal Commission were to sit upon the several treatments for inflammations, or fevers, the evidence of Hydropathy, Herbalopathy, and Homœopathy would go dead against Allopathy; and why should not such a Commission be appointed? Is it a matter of indifference as to which is the most humane and potent system which the people should patronise? Of all the Royal Commissions which have ever sat, no one could compare with that to which I refer.

Pneumonia, at an early stage, is amenable to bold sanatory measures. Physic has no control over it.

Atrophy and Debility.

In connection with the mortality under this head, the reader must be informed that from 1838 to 1857 the "cause of death" from "premature births" were added to those from "atrophy and debility." From 1858 to the present date, the deaths under the head "premature births" have been separately distinguished.

The terms atrophy and debility may, for the object before me, be regarded as synonymous, although critically considered there is a difference. The former term signifies a morbid condition, the consequence of some hidden disease, resulting in deficient nutrition, and the consequent waste and decay of the body, whilst the latter involves the withholding of proper and sufficient nourishment, and thereby inducing a disease condition which sooner or later terminates in death. In ill-conditioned mothers, whether arising from poverty, drinking habits, or physical debility, the physician is left to determine in the case of the offspring to which of the two causes to attribute the death of his patient.

I am perfectly satisfied there is no one cause amongst us so prolific in establishing or inducing these disease conditions as that of vaccination. Furthermore, I am persuaded that as soon as vaccination, the modern Asmodeus, is driven from our homes, the decline in the mortality of "atrophy and debility" will exhibit a fall far more significant than the increase observable during the last half century.

Diarrhœa.

Of Diarrhœa there are several varieties, which, however, need not be particularised. It is a disease proverbially more prevalent and fatal during the summer and autumn months. It cannot propagate itself in the cold periods of the year. The causes which produce it are various. It is always found in the neighbourhood where filth accumulates, and in localities where the products of organic matter, either in connection with the drainage or the surface, are allowed to poison the atmosphere, and where morbid matter, the result of the process of decomposed bodies, permeates through the soil into the well, the water from which is used for drinking purposes. These are some of the principal exciting causes of Diarrhœa; but there are others which operate as prejudicially, and occasion as great mortality. In infantile cases, stimulants and narcotics are freely employed, the use of which, instead of checking the complaint, increases the virulence of the attack, and the patient sinks rapidly and is speedily beyond the control of the physician. Dysentery, gastric, typhoid, or enteric, fevers, are all forms of diarrhœal disease.

Leicester suffers from Diarrhœa notwithstanding the high sanitary condition of the town, but the cause, ineffective drainage, is well known, and is being rapidly remedied by a thorough system of sewerage. When this is completed the mortality will diminish. Two neighbouring cities may have a high death-rate from diarrhœa, and from opposite causes—one may have no vaccination, but bad drainage, another may have good drainage but a vaccination epidemic may prevail, both of them fatal to life. I only claim that vaccination is a contributor, and a large contributor, to the mortality from diarrhœa.

It may be here mentioned, also, that Diarrhœa is indicative of organic disease of the intestines, and other functions of the body; but apart from this and other considerations, it is also an accompaniment of several of the most fatal forms of disease. *It is also the sequela of vaccination.* I know a lady in a town where I once lived, who lost two of her children from *diarrhœa after vaccination*, and the last time I saw her she told me she had been obliged to have her third child vaccinated, and that diarrhœa had set in, and she dreaded the result. A surgeon, resident within twenty miles of Leeds, has had a family of

six children. The first three died of diarrhœa after vaccination, the last three are unvaccinated and healthy. I could fill a moderately sized volume with such cases. Independently of my own evidence, it is known that confirmatory testimony is daily being given by objectors to vaccine-poisoning when asked by the magistrates to justify their refusal to conform to the law.

My friend the late Dr. Nittinger carried on a series of microscopic experiments here also which satisfied him that, in many cases, the Diarrhœa was the result of a sort of internal Smallpox, as he found pustules in the inner structure of the bowels similar to the regular external pocks in that disease.

The fact is that with vaccination we do not know, nor have we any means of knowing, how much the observance may be the cause of producing, or aggravating, the malignant and fatal diseases which arrest our attention here, there, and everywhere.

That the disease to which I refer should register an unvarying mortality from age to age, keeping up to the level of a population which is always advancing, in spite of the surrounding circumstances which should operate to lessen the mortality, is one of the best proofs that the physician of our day has no control over disease. Medicine is not going back, it was always and essentially degenerate. Neither is medicine a lost art; it has never been an exact art. Now if there were any art in it, surely in these times it has the best chance of establishing its pretensions. And it is under such conditions that the last utterance of medicine is, "We cannot hope to cure the fevers, they must run their course,"—*and terminate in Diarrhœa*—a confession which is tantamount to saying, as the facts suggest, "We cannot cure disease."

The statistics of Diarrhœa show an increase in the mortality which is absolutely frightful to contemplate, and I have no doubt that vaccination is one of the most active agents employed in the production of the excessive mortality disclosed by the statistics.

It will be seen that there is a significant fall in the mortality in 1888. There is no real saving, it is merely a change in certification, and we shall observe the same thing in active operation in the future —until Parliament, or the people, shall agitate for, and initiate, a better system of classification and certification.

Convulsions.

Convulsion is a symptom, not a eause. It follows on the heels of something whieh has gone before. Convulsion is described as a "violent irregular eontraction of the muscles of animal life, or those of voluntary motion, with alternate relaxations, commonly ealled a fit." Now in convulsions the two leading eauses are vaceination, and the complications and mismanagement of the various fevers, —sequelæ of the exanthemata. Dentition is a contributor to the mortality, but how many of these cases were the direct consequenees attributable to the previous vaceination—the blood poisoning? Vaccination is opposed to dental sanitation, and the virus inoeulated into the infant's blood ramifies through the whole system, and instead of produeing external palpable injuries, we have internal imperceptible disasters, ending in eonvulsions and death. And yet the medicinist says, "I never saw any evils resulting from the operation." Of eourse not, he never looked for them, yet other people find them without looking for!

I do not seruple to say that under the nature eure a mortality like that we register from year to year, nay, from generation to generation, will be impossible; it eould not be. "Convulsions," as a death-eause, eovers ten thousand defects and blunders. If no other cause of death can be found, "convulsions" will do as well as anything else!

Sometimes "convulsions" supervene upon the administration of poisons, drugs, and the abominable medicaments which are still allowed to be sold. If medical men were paid for preserving health, quaeks and their debilitating remedies would have a sorry time of it—and they deserve it.

It is not my intention to describe the multiform causes or forms of this or any other disease. Volumes have been written upon most of the subjeets. Mine is a running eommentary, and conveys more of my own impressions and observations than those of other people.

Sanative measures in "convulsions" have a power which Allopathy eannot dispense.

The terrible and continuous mortality shows that physic is at fault —and powerless. There is a run upon diarrhœa; at other times upon "atrophy": another upon "eonvulsions" or "other diseases of the

circulatory system," and so certification, always at its wit's end, is seen hiding itself among secretive symptoms instead of true death-causes. Accuracy is generally left out in the cold.

Typhus.

Thanks to sanitation this fever is passing out of our sight. Typhus is a continued fever accompanied with a rash, and great prostration. It is the old fever which followed in the steps of uncleanliness and filth, whether in cities or towns, in camp, hospital, ship, or jail. It has several sub-divisions.

Within the last four or five years the mortality from typhus has dropped from 7,000 to 300 and 160. This is to be accounted for by the fact of some sudden eruption, or instruction, either from the Registration Department, or from the Royal College of Physicians. It is not claimed to be in consequence of the discovery of some antidote, or some violent national expenditure, counteracting the conditions which give rise to this fever. No, it is too sudden to be real. It is, on the whole, entirely a change in certification. Instead of being found under the heading "Typhus," the deaths have been transferred, I should say, by authority, to other death-causes which are similar or symptomatic. It was necessary to show a change somewhere in the dull, continuous, mortality from fevers, and typhus was selected. Fashion rules even in certification. Query, Is it fashion?

Sanitarians know that typhus has not much chance of ever becoming epidemic again.

We still have epidemics, plenty of them, such as phthisis, bronchitis, pneumonia, atrophy, diarrhœa, convulsions, other diseases of circulatory system, cancer, etc.; but these are quiet and permanent epidemics, they come and go without observation. Death retains his power and popularity, and as he conducts his victims off the stage, he saunters on with discursive step to mark his contempt for the impotency of physic.

Enteric, or Typhoid.

I have previously discussed this fever and its exciting causes. Progressively with the energetic march of sanitation the mortality declines. But it will consume years of patient labour before Typhoid

will disappear altogether. Of the three, Smallpox, Typhoid, and Scarlatina, Typhoid is the most difficult to cure, and this fact emphasises the teaching of nature,—the exciting cause is the severest in its character. Smallpox is the penalty of unsanitary surroundings and overcrowding. Typhoid comes of neglect in allowing human excreta to pass into a state of putrefaction in the neighbourhood of our homes, or to bad drainage, etc. Scarlatina from the decay of vegetable matter contiguous to our households, or to perforated drains, or similar defects, connected with the sink.

I say nothing here as to the mortality from the fevers by infection, because infectious matter is always due to ignorance in the conduct of the disease. It is not a necessary sequence of the fever : it can be prevented by rational measures.

I shall give a Relation, at this point, referring to the folly of attributing typhoid to the milk distribution.

Relation 42.

There was a Typhoid Milk scare in Leeds in the year 1872. I was then a member of the Town Council and on the Sanitary Committee. On the 30th December, 1872, Dr. M. K. Robinson, the Health Officer, reported 68 Typhoid cases,—some in a district not generally affected by zymotic diseases. He said in his Report that many fever cases were in neighbourhoods where he knew that insanitary conditions prevailed, but in the district mentioned he had been compelled to look outside for a cause equal to the effect, and that he had found it in the Milk supply. In nearly all the cases in the district specially referred to, the milk came from a Mr. Richardson's farm at Alwoodley, near Leeds, where two of the children were in the fever, and there had been one death in the house. It so happened that my family had the milk supply from the same farm. A Mr. Beaumont, of St. James's Street, took it direct from Richardson, and delivered it at my house. I was at the committee meeting when Dr. Robinson's Report was presented and read, but I only gave to it a passing notice, regarding the representation of the Medical Officer as true in substance. That official said, "The course of the fever marked the track of the milk purveyor." The observation threw us all off the scent.

On the very next day, 31st Dec., 1872, the Sanitary Committee met again. Dr. Robinson presented a supplementary Report, giving the names and addresses of the 68 cases, and stating that he had seen the farm, and that it was in a very unsanitary state, and concluded his Report as follows, viz. :—"I am of opinion that the milk supplied from Mr. Richardson's farm at Alwoodley cannot be used for human food without danger of communicating Typhoid Fever to persons consuming the same until the present existing causes of Infection are removed from the farm." A Resolution was passed authorising the service of a Notice that no milk was to be brought into the Town from Alwoodley, and a second that the Inspector was requested to stop the sale of it if it should turn up surreptitiously. Mr. Beaumont, finding that these proceedings would ruin him, sent his son-in-law, Mr. Dickinson, to see me with an earnest request that I would personally go into the matter as he was

satisfied the milk had nothing to do with the Typhoid outbreak. My family consumed as much milk as any twelve of those who were said to have contracted Typhoid by drinking it; but this infection would have nothing to do with any of us.

Early in January, 1873, I summoned the Sanitary Committee and asked that I might have a copy of the names and addresses of the particular cases in my district, and that the staff of the Committee, the Inspector, and workmen, should be placed at my disposal to assist in the investigation, and to carry out any work I might require. Resolutions were passed in accordance with my suggestions.

Having received the names and addresses the following day from Dr. Robinson, I analysed and arranged the names so as to minimise the labor of my canvass. Before I had been at work an hour I found that the milk was as innocent of the Typhoid as the sun's rays at mid-day. Of the 68 cases I selected all those, about 25, which he reported as living in a district generally free from zymotic influences. I will give three instances as specimens of the whole series.

1. This was a house close to the Town Hall, and belonged to the Corporation. It had been purchased in order that the site might be appropriated for the continuation of a street. The tenant let part of it off to sub-tenants, one of whom was down in Typhoid. He was either a soldier or policeman, I forget which. I found him in bed, of course. I said to him, "I suppose you have got the Typhoid by drinking too much milk." "Well," he replied, "I have had two tea-spoonfuls twice a day in my tea, so the Typhoid must have been pretty strong, but I think if you go into the cellar you will *see* plenty of Typhoid, and *smell* it too." I went there. The convenience was on the ground floor and was of a totally new construction. It was neither a water-closet, dry earth closet, nor the box system; it was a *cistern* system. In the cellar the landlord had fixed an ordinary cold water cistern, 28 inches square, on 4 iron rods 2 inches in diameter. When full, the contents were emptied into boxes, or ought to have been, and regularly carted away. But when I inspected the house, the cistern was full to overflowing, and the cellar floor at one side was covered by a mass of liquid filth three inches in depth, and occupying a space of three yards by one and a half yards. The stench was indescribable.

On the following day I took several members of the Sanitary Committee to see this specially constructed fever factory at work. They were disgusted with their Medical Officer.

2. Here were two children belonging to a working cobbler in a cellar dwelling in a back street, near Leighton Lane, and they were two bad cases. I observed, "These children have had too much milk, and in consequence they have the Typhoid. Is not that so?" "Nay," said the man, "I don't think that's it. We only take a ha'porth night and morn, and there could'nt be much fever in that drop." I was sensible of a disagreeable smell in the apartment, and on looking at the base of a five inch wall which supported the sink I saw two holes, about 3 inches in diameter, in direct communication with the sewers—they were rat holes. I said, "why do you not repair this damage?" He answered, "the landlord has been told, but he weant do it." "Why you could buy a slate, a couple of bricks, and a bit of mortar anywhere for fourpence, and do it yourself. Would not that be cheaper than the Typhoid Fever?" "I don't know," he replied, "but howsomever, I hev'nt ed time to do it." The milk had little connection with the Typhoid in that man's family.

3. In this instance there were seven comparatively new houses situate at the back of Caledonian Road, with a Typhoid patient in each alternate house. The tenants repudiated the milk theory, saying the drains were "bad and wanted seeing after." I sent for some men and had the cemen-

ted kitchen floor broken up so as to expose the drain pipes from the w.c., through the gardens, and to the sewer in the street. None of the pipes were connected with the sewage system, and some tons of soil, saturated with animal and vegetable matters, varying in intensity and infectivity, were carted away, and proper attachments were made at each house.

It occupied four days and a half to visit the whole of the cases, but in each instance I discovered sanitary defects accounting for the Typhoid. The cases were first specimens, every one of them. There was not a single instance traced to infection. The epidemic was widespread and fatal, and the treatment was of the old type, and the Typhoid "run its course," ending in complications and sequelæ worse than the fever.

In a day or two I drew up my Report; summoned the Sanitary Committee, read the report, and left it in charge of the Officials, as I expected, to be entered upon the minutes of the Sanitary Committee. Dr. Robinson cut a sorry figure. Alderman Luccock was very severe upon him. The Committee told him, in so many words, they should repose no confidence in his Reports for the future. This was tantamount to a vote of censure, and the Health Officer so regarded it Out of pity for this man I did not bring the subject before the Council, nor were the press informed of the circumstance. The Corporation had eventually to compromise the matter with Mr. Richardson by a money payment. Dr. Robinson, very soon afterwards, sought and obtained an appointment elsewhere.

It did not occur to me at the time I should ever need to refer to this incident, or I should have kept a copy of my Report. In October 1890, and again in January 1891, I called at the Town Hall, Leeds, to obtain the dates of the Meetings, and a copy of my Report. To my surprise no record of the two special meetings was entered on the Minutes of the Sanitary Committee, neither could my Report be found. On complaining to Mr. Yates, the Committee Clerk, who held the same office in 1872-3, he excused the irregularity by saying, "The minutes would not be entered unless there was a special resolution to that effect." That was mere nonsense. And speaking to Sir Geo. Morrison, the able Town Clerk of Leeds, he observed, "Such an irregularity would not be possible to-day, and it ought not to have been possible in 1873." Of course there is only one explanation, and he would be very daft indeed who failed to see it.

1. The Typhoid Milk Scare is a perfect absurdity.

2. It is advanced to cover the negligence of the Health Officer, or to conceal his ignorance.

3. To attribute an outbreak of Typhoid to Infection shuts the mouth of enquiry, and maintains the delusiveness of the medical theory of Infection.

4. The milk supply could not possibly obtain sufficient "typhoid poison" to communicate the fever to any individual through the agency of the stomach.

5. The victims were all first specimens. True instances of any disease being communicated by Infection are extremely rare. The "danger of Infection" exists mainly in the brain and tongue of the doctor. Nine tenths of the twaddle published about infection is only insisted on for trade purposes. It has no existence in fact.

6. It was exceedingly mortifying, after my conciliatory conduct to Dr. Robinson, in not reporting the results of my enquiry to the Council, to discover that the minutes of the two Meetings of the Sanitary Committee and my Report were not entered, and that both had been taken away, so as to prevent the evidence, or the facts, being produced at any future period.

In conclusion I would observe that it is absolutely impossible for milk

to convey Typhoid in so concentrated a form as to communicate the fever to man. The instances which are said to have occurred elsewhere, and they have been many, have been scares of the medical mind. Had each separate epidemic been intelligently investigated, causes of insanitary origin would have been discovered accounting for each individual attack. I saw another similar scare in "The Lancet" the other day, intimating that the proposed issue of One Pound Notes would be a new danger of conveying infective diseases. It is a great shame that a paper supposed to be the organ of the faculty should publish such arrant nonsense. Infection by any such ordinary means as the above is practically beyond the range of possibility.

Measles.

The deaths from Measles have ranged from 6,000 up to 12,000 per annum during the last 50 years; in 1885 the deaths rose to 14,495, and in 1887 to 16,765. This is not the total mortality from fever, originating in measles. Directly measles assume complications and sequelæ, deaths are notified to symptoms such as atrophy, diarrhœa, tabes, etc., or to such better death causes as phthisis, pneumonia, bronchitis, and others.

In weakly and scrofulous children measles frequently end in pneumonia, and are thus certified. Our certification is bad, and unscientific. Everything that can be done to hide the true mortality of the people is carried out to the fullest possible extent. We must alter this defectivity with all promptitude.

I had a case of measles in my own house a few months ago; how it came I know not, and I had no time to enquire, but I know how soon it went, and without daring to leave a trace behind.

Relation 43.

A Sudden Attack of Measles.

In May 1891 my boy, aged 16, unvaccinated, was the subject of a sharp attack. He had not had the Measles in childhood, nor had any of my five unvaccinated children passed through the fever. For the two first days of the appearance of the eruption I was much engaged at the Law Courts assisting a friend who had an important case before Mr. Justice Cave. When I saw him the eruption was out from head to foot, his skin red and inflamed, face swollen, sore throat, and a disagreeable cough, accompanied by pains in the chest. During the three previous nights he had disturbed sleep, and a characteristic cough. At ten o'clock the following day I had him in a pack for 60 minutes, succeeded by a cold bath, with a pail of water down his back, a good rub with a large bath towel, and I sent him into the Nursery to his breakfast. The next boy, aged 14, who had been his bed-fellow, I treated to a cold bath every morning to prevent him having an attack. I had also a girl at home, who had not had Measles in infancy, and neither boy nor girl took them. I prevented this by checking the fever, *i.e.*, destroying the germs. In the evening at 7 p.m. I gave the boy a cold water bath only. The

second day I repeated the pack, and bath, and sent him out for a walk before his breakfast. The third day I repeated the treatment; fourth day, only cold bath morning and night; fifth day he went to his office in town. During the four days of treatment he slept soundly at night, and his cough disappeared altogether a few days afterwards. When he was in the pack I had the bed-room windows open, top and bottom, and the door wide open, so as to obtain a change of air, and plenty of fresh air for lung purposes.

Had I been at home the first day when fever symptoms showed themselves, I could have cured him in a couple of days, and sent him back to his work on the third day.

As it was I stopped the development of infectious matter, and the first attack was the last, and this ought always to be the rule in all fever cases, let the fever assume what form it may.

If the medicinist were equal to the demands upon him, the first fever patient in a house would, in nine cases out of ten, be the last. But the medicinist is not up to his work, and if he were he would be half ruined in 12 months, because his income is dependent upon a treatment which lengthens out a cure. The simplest fever, running its course, may run the patient into complications and the hydra-headed sequelæ, and last of all into his grave. No fever must henceforth be allowed "to run its course." This is the crucial point, and its very converse is the one great test of inaccurate treatment.

Allopathy and Homœopathy seem to be agreed upon the principle that all fevers have a definite course to run:—1. Invasion, 2. Domination, and, 3. Decline, and judging by the frequency with which patients under either treatment, where sanatory means are rejected, slide into complications which have a mischievous or fatal termination, you would conclude that the physician ought to be the man to take advantage of the calamity, and mend his ways.

All medical books, medical teaching, and medical practice, work by this line—fevers must "run their course."

It is here that I join issue with the whole profession, and lay this to their charge, that they are working on a base line,—their straight edge is warped in the centre; their plumb-line is knotted and untrue, and their first proposition is defective, being founded upon a false premise.

My argument, throughout the whole of this book, is that all fevers can be successfully checked, at any point, during the first two stages, Invasion or Domination. It would be better, and ensure a more certain result, if all fevers could be subjected to treat-

ment at the first stage—Invasion. Now this effect could be gained by educating the people as to the causes which produce each fever; the symptoms which accompany them; and the complications which are certain to follow in the path of neglect. If my three tables, under these headings, were printed upon a card, and one of them were hung in the kitchen of each house in the land—it could be done through the Board of Guardians, or the Sanitary Committee of the Corporation—it would exert a mighty influence upon the public mind, and be the means of saving a vast amount of disease, misery, and death.

When I know, of my own knowledge and observation, how much of disease and death is occasioned by an effete system of treatment, I am painfully conscious of my own incapableness to cope with a monster so gruesome and alarming. I have many times felt that in this attack I was usurping a power which God had ordained should spring up hereafter, and from the pen of one more able to deal with it. On such occasions I have thrown down my ink implement, affrighted at the burden resting upon me, and then, on looking back at my past life—a life of battling with error and ignorance—I have cheerfully resumed my task, feeling assured that he whom God assigns for a particular duty will be armed with stone and sling. In this attack I am honest in every statement and effort. No grovelling motives impel me. I have but one motive, and I despise every other, and that is to do as much good as I can in the short period allotted to me in this world—how short that may be I know not, nor is it in itself the subject of much concern. The "Well done" which I covet is more to me than health, riches, or fame.

Scarlatina.

Into the exciting causes of this fever I have made some comments in former pages, and there is no reason why I should enlarge upon it here. In years past Scarlatina has assumed the proportions of an Epidemic, so many as 30,000 dying in a single year. Within the last four years the mortality has apparently declined to an average of 6,644 deaths per annum. This *alarming* decrease is one, I fear, not of fact, but of a change of certification only. If it were true it would exert its influence upon the total mortality, which is not observable; there-

fore I am justified in my suspieions. Observe also, that whilst certification to fair death-causes, such as typhus, scarlatina, etc., is diminishing, certification to indefinite death-causes, such as "other diseases of the circulatory system" and "other and indefinite diseases" of different functions and tissues, previously referred to, are annually increasing; and the increase in the latter is far more prominent and exeeptional than the decrease in the former. I maintain that these facts fortify me in urging that certification shall be, in the future, placed under the direetion of an independent authority.

Hydrocephalus.

Hydroeephalus is a form of disease popularly known as "water in the head." Little has been advanced hitherto as to its true origin, but there cannot be much doubt that, in the great majority of instances, it arises from the complications of fever—in other words, the sequelæ of fever.

If fevers were treated by the Hydropathic processes, the mortality from hydrocephalus would decline in proportion to the adoption of the remedies adverted to. The nation is suffering, in a hundred shapes, from a medical system based upon false theories and a mistaken practice.

The mortality from hydroeephalus, or dropsy of the brain, is preventable; but so long as the drug treatment of fever continues, hydrocephalus will retain its place as a principal death-cause in infantile mortality.

Whooping-Cough.

I have previously referred to this disease, and to the drug treatment, and the water cure as a safe remedy.

Whooping-cough goes by the name of pertussis in medical nomenelature. It was otherwise called chin-cough. Its principal symptoms are a eharacteristic cough, occurring in paroxysms, and accompanied by vomiting.

It is said to be an infectious disease, and is so, no doubt, under its present treatment. No wonder that it should be. Infection is the natural sequence to the treatment and not to the disease. Adopt the curative expedients I have tried and found so adequate to the purpose,

and you will stop the mortality, prevent the diffusion of contagion, and give a death-blow to the sequelæ of pertussis, mismanaged under the drug methods.

The main contributor to whooping-cough is the vaccinal diathesis to which I have claimed attention. When the nation shall say to the Vaccinator—the blood-poisoner—"It is enough," "Put up thy sword into the sheath," then the mortality from this disease will decline contemporaneously therewith. This prediction waits for its sure fulfilment, as do several others of a similar nature.

Diphtheria.

A disease following in the common course of insanitation; and if the medical officers were fully awake to their responsibilities, it would seldom occur. Dipththeria is a type of external typhoid. It is always preventable by care and watchfulness on the part of the public; I say the public, because I have more faith in that body than in medical officials. A College for the study of *preventive medicine* is just coming "in the very nick of time!" In good English, "preventive medicine" means "sanitation"—the medicinist prefers bad English, when he cannot roll himself up in Greek or Arabic, or some equally unknown tongue. The public must have its "Farr's Sanitatary Institute."

In July of this year I spent a few weeks in a pleasant neighbourhood in Lancashire. I had no idea there were such lovely spots in that county. About a mile outside the town a magistrate had built his nest. Here, a broad and shallow stream—really a surface drain—for the rainfall from the distant hills, passed in close contiguity to it. As I stood on the bridge, taking in the beauty of the scenery, I smelt an enemy emitting nidorous fumes of a diphtheric description. On looking into this stream, I saw the swollen carcases of three or four dead cats and dogs, in progressive stages of decay, and I wondered how many children, lower down and nearer the population, would quench their thirst with this water! The magistrate, a cotton lord, had built a chapel and schools out of his wealth—very commendable—but he had no nose for diphtheria. Surely the medical officer's eyes must also have been placed on the wrong side of his head, for he never saw this diphtheria incubating beneath the rays of the sun.

As I sat, the next night, in the library window of a friend's house in the full view of the sun setting behind a spur of the Pennine range, I told him my experience. "Ah," he observed, "I can beat that." "Proceed," I said. "In a village, distant two miles, the cottages of the poor were visited by diphtheria, and there were several deaths. There was a meagre stream of water threading its way in front of the houses, and the children used to play about and drink the water—utilized also for domestic purposes. A friend of mine, a mill-owner living near, determined to trace the course of the stream up to its rise. He did so; and when he had proceeded some distance on his journey, he came upon a small farm and found that a labourer, in ignorance of the consequences, had thrown the dead carcase of a calf into 'the ditch,' as he called it. When this decayed carcase was removed and buried, the diphtheria took its departure."

The medical officer, whose attention was called to it, had not the sense to trace out the cause; and if the manufacturer had not done it, the outbreak would have remained a mystery for ever.

When any district is afflicted with diphtheria, cast your eyes about, look out for dead carcases in your streams, ponds, and ditches, for putrid flesh in lanes and stray places, for the presence of animal matter somewhere in the process of decay, and, it is certain—not probable—you will unravel the cause of the disaster.

Let each man, in his own sphere, be his own medical officer, and the wheels of the car of sanitary science will proceed without further friction.

Diphtheria is, like the rest of the fever tribe, contagious, and frequently glides into sequelæ which are fatal in their termination. Recovery is retarded by complications which are of an aggravated type.

Sanatory remedies are the most fruitful of resource. Drugs are not in it.

After the crisis in diphtheria there is a false membrane formed, composed of the solidified exudations during the decline of the fever, and found upon the mucous membranes lining the air-passages, or the fauces, and occasionally the mouth; and if this is not cautiously removed, death occurs from suffocation without further warning. Credit has been given, in difficult cases, on the successful extraction of this membrane.

The existence of the false membrane in diphtheria certifies to the incapableness of the drug physician. If sanatory remedies were applied, the exuded matter, thrown off by the blood, would be excreted by the skin, just in the same manner as I have described in the relation I gave concerning the case of mumps.

Tabes Mesenterica.

Tabes mesenterica is a non-febrile disease, and is mainly dependent upon a morbid condition of the whole circulatory system. It is characterised by a general emaciation of the entire body, attended with languor and depression of spirits; but there is a total absence of any local affection of the head, chest, or abdomen. Tabes is a representative instance of severe blood-poisoning. Tabes is one of the diseases, referred to by Hunter, where in its latest manifestations the whole mass of blood may be dead, whilst life may be maintained—the blood may circulate, the heart may beat, and other functions may perform the work assigned to them, but "death stares the patient in the face." There is no more deplorable object in a family than a patient suffering from this disease. Whether tabes may be transmissible is a point I do not affirm; but that it is and may be induced by vaccination I do not for one moment doubt. That "common conversation" of Jenner comes in to our aid most appropriately, for I have frequently seen cases and heard the mother say, "That child was perfectly healthy before vaccination, but since that it has gradually become emaciated." Vaccination as a cause is equal to the effect, and there it must rest for the present.

The statistics of the disease follow suit with the other diseases particularised, and show a gradual progression coincident with the diffusion of vaccination.

Syphilis.

Vaccinal syphilis is at length an admitted fact. The contest between the Anti-vaccinators and the Vaccinators with respect to syphilis, and its communicability by vaccine, has been of the hottest and fiercest description; nay, it could not have been waged with greater hostility if the quarrel between us had rested upon the issue for a final settlement.

Both parties have, in truth, viewed it more or less in that light. For more than thirty years I have urged the point, and for all that time I have been met with the answer—Impossible! I have been told that scientific professors and learned societies—both in England and on the Continent—have instituted actual experiments for the purpose of ascertaining the truth of the assertion, and that in every case—although watched with the argus-eyes of science—the testimony of one has been that of all; syphilis conveys syphilis, vaccine conveys vaccine, *and that only*. The medical societies of England have held and promulgated this doctrine year by year. The Medical Officer of the Privy Council, anxious to settle the enquiry *for ever*, issued circulars in 1856 to about five hundred of the first physicians and surgeons in the country; and with very few exceptions, the replies were strictly in accordance with his own theory, and are published at length in his "Papers relating to the History and Practice of Vaccination." He said to them—"Have you any reason to believe or suspect that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous, or other constitutional infection to the vaccinated person; or that unintentional inoculation with some other disease instead of the proposed vaccination, has occurred in the hands of a duly educated medical practitioner?" In the great majority of replies the answer is simply a stout "No!" In others—"I do not believe it possible;" and, again, in "twenty," "thirty," or "forty years' experience, I have never witnessed any such result." In several cases, however (perhaps twelve or fifteen), the Medical Officer received answers which must have been rather startling. For example, Dr. Lever, physician to Guy's Hospital, London, says—"I must say, Yes. I have known syphilis communicated to a child by the hand of a legally educated medical practitioner." Dr. J. Hutchinson, Surgeon to the Metropolitan Free Hospital, London, says—"I believe I have seen four or five cases in which local syphilitic affections were induced by vaccination, performed under ordinary circumstances, and by duly qualified men." Dr. T. S. McAll, of Greenock, boldly answers—"I have every reason to believe that lymph taken from a party with hereditary disease, conveys that disease with it."

And Dr. Hamernik, of Prague, gives his testimony thus:—"I regret that this question must be answered in the affirmative. Where vaccination is practised on a large scale, and where vaccinators have

possibly an interest in multiplying operations, care and attention are no longer possible, and very sad accidents must more or less frequently occur."

Dr. Scaton, in his "Handbook of Vaccination," (*quod vide*) quotes authorities, *ad nauseam*, to show that vaccinal syphilis is a thing impossible; and he devotes a considerable portion of his article to explain away all the recorded cases which are known both in Italy, France, and Germany. He further appropriates three separate paragraphs, in the same work (*q. v.*), to show that the "allegation that syphilis may be invaccinated, is not supported by general professional experience," "nor by pathological considerations," "nor by experiment;" really following in the same track as Dr. Simon, who, in his papers before referred to, with consummate ability and skill, upholds the same ridiculous doctrine. And lastly, the press of the country, taking its cue from Dr. Simon and Dr. Seaton, urged the views of that school, and denounced, in no measured terms, the thesis which has been the most poignant and forcible weapon in the armoury of the Anti-vaccinators. Undismayed by this opposition, we have pursued "the even tenor" of our way; and now, at the eleventh hour, as it were, our enemies themselves, with arms reversed have joined us in our camp, and made common cause with us. For many tedious years we have called "out of Seir, Watchman, what of the night?" And the answer has now been returned, "Babylon is fallen, is fallen!"

During the sittings of the Select Committee on the Vaccination Acts, in May, 1871, and whilst Anti-vaccinators were giving it in evidence that other diseases were transmissible along with the vaccine virus, the doctrine was being enforced by Dr. Hutchinson, before the members of the Medico-Chirurgical Society, and on such unquestionable data that the theory ought to have met with instant acceptance. The Faculty, however, reason on different principles to other people. Facts have to assume a *cumulative* form before the medical mind can be convinced. Common sense is an element which enters not into their organization. Inductive science has no charm for the great body of the profession.

At the meeting of the above society, the late Mr. Startin said he had known scabies (itch) communicated in vaccination. Dr. Bakewell,

from Trinidad, testified that during the time he had the supervision of vaccination in that island, he had witnessed the transference of leprosy by the operation. Here, then, were three diseases shown to be transmissible in vaccination—syphilis, scabies, and leprosy. If syphilis has been invaccinated, why not scabies and leprosy? and if all three, then why not three more—nay, why not twenty more? It is perfectly logical to assert that if one disease is clearly proven to be transmissible, and that, so far, vaccino-syphilis is that one, then all other blood-diseases may be shown to follow the same law. That being so, is there, henceforward, to be any doubt how it is that diseases which are communicable by vaccination have increased in correspondence with the introduction and enforcement of the practice?

Nearly two years elapsed since the above discussion, and the medical societies were as silent on the subject as the defunct oracles that once swayed the destinies of Greece.

At length the silence was broken once more, and it was hoped some *more practical result* would follow. At a meeting of the Medico-Chirurgical Society, on Tuesday, the 28th day of January, 1873, Dr. Hutchinson read a paper on the same subject, and succeeded in establishing his case beyond the region of doubt or disputation. It was then to be an admitted fact that syphilis *can* be communicated with the vaccine virus, and that a catastrophe which has happened, may happen again to-morrow. The public are now to be roused from the torpor of that security in which they have been "lulled." Dr. Simon and his 500 strong have vanished into thin air. No more humiliating admission has been made during the last half-century. It was the death-blow to vaccination.

So far, however, you must be told that the admission as to the transmissibility of disease is limited to vaccinal syphilis. The same principle must soon be applied to other diseases, such as bronchitis, scabies, scrofula, pneumonia, leprosy, and, in fact, to all the sisterhood of blood-diseases which afflict the race. The admission, restricted as it is, must have great influence in determining the continuance of vaccination, when it is seen how terrible are the risks attending the operation.

I have, for years past, held the opinion that if vaccino-syphilis were but once admitted, the observance of vaccination must fall to the

ground, and that not so much on account of the risks attending the inoculation of that disease, as on the broader basis, that if one disease is communicable, then the floodgates are thrown open, and he would be a bold man indeed who should attempt to put a limit to the fearful risks of vaccination. It is my decided opinion that it is impossible to perform the operation without communicating the taint, or special disease-condition, which the vaccinifer is subject to.[1]

Since 1873 some hundreds of instances of vaccino-syphilis, in this and other countries, have occurred, and they have been criticised with much acerbity by the faculty. If another case were to be disinterred to-morrow, it would be fought with as much pugnacity as if it were a first example. This nonsense is nauseating. The thing is proved, and there is an end to it. And the nation must now accept such disasters as vaccino-phthisis, vaccino-pneumonia, vaccino-bronchitis; and, to give my readers something to think about, they may put that affix opposite 80 out of the 114 death causes mentioned in my table, and then they will be able to comprehend the mischief involved in the rite.

A recent case, threshed out before the Royal Commission, was that of a little daughter of Mr. and Mrs. Child, residing at Arthington, near Otley. The doctor who vaccinated this girl charged both husband and wife with having communicated the disease, and the parents submitted themselves to a medical examination to prove their freedom from any such taint, and they received a certificate to that effect. I have seen such cases for thirty years back, and for the last twenty years I have both written and lectured on the subject. It is disgusting to reflect what precious time has been occupied in establishing the proof of the existence and diffusion of vaccinal injuries, when medical men ought to have shown themselves better equipped for the task; but they have been a century behind in the inquiry.

In connection with "syphilis," the statistics show a regular increase in each period; and the same argument used with regard to "scrofula," that the returns are not truthful, and understate the actual mortality, are equally applicable to the mortality from syphilis.

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[1] The above nine paragraphs, giving a brief record of the struggle to establish the transference of syphilis in vaccination, are from an early article of mine not widely circulated. Failure would have marked any attempt to write again on a subject so distasteful.

Scrofula.

Scrofula is a disease which is communicable by vaccination; and in instances where that disease is latent in the constitution, the vaccine is an irritant which awakens it into fatal activity. Jenner alludes to the latter point in connection with inoculation, and observes,[1] "In constitutions predisposed to scrofula, how frequently we see the inoculated small-pox rouse into activity that distressful malady. This circumstance does not seem to depend on the manner in which the distemper has shown itself, for it has as frequently happened among those who have had it mildly as when it has appeared in the contrary way." And, again, he says,[2] "That in delicate constitutions it sometimes excites scrofula, is a fact that must generally be subscribed to, as it is so obvious to common conversation. This consideration is important." It is admitted by Jenner that inoculated small-pox was an undoubted evil, both directly and indirectly; and with our notions of vaccination, believing as we do that the virus used in both operations is the same, with the exception that the vaccine is passed through the cow, we must regard both agents as equally endowed with properties which are baneful and injurious, and to the same extent. Note the words, "So obvious to common conversation." The meaning attached to the phrase is, that the idea which he enforces was, in truth, in everybody's mouth. And wherever Jenner went throughout the length and breadth of the land, up to the latest period of his life, that objection to vaccination was made, and the "common conversation" became, as it were, a double of himself,—it pursued him in public and in private, it haunted him by day and by night.

In connection with scrofula I may state that the returns by no means indicate the extent of the actual mortality, inasmuch as doctors have an objection to certify deaths from a disease which few care to admit, so they are drafted off under a cabalistic *alias*. In the worst cases death takes place under circumstances which afford an opportunity of passing them off under many other heads. The increase, notwithstanding such irregularities, is a marked feature of the statistics.

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[1] Jenner's "Variolæ Vaccinæ," *op. cit.*, p. 60.

[2] *Ibid.*, p. 116.

Erysipelas.

Is a febrile disease, sometimes called St. Anthony's fire. The eruption commences at a given point and spreads all over the skin surface; but in many instances the Erysipelas is local. There are many sub-varieties of Erysipelas which need not be reviewed, as the cause—blood-poisoning—is generally admitted. The treatment should be uniform and satisfactory. It is neither under the drug manipulation, and it frequently slips out of control, when the patient has notice to quit at the hands of death-causes whose names have been so often brought to notice by the pen of the present writer.

Erysipelas should not be a fatal disease. Under the nature cure Erysipelas is a disorder under restraint, and need not result in serious disaster.

Yet some one may say, "Your comments are pointed, but are they true? Has Hydropathy established the facts you give?" My reply is that I have seen and known cases in all the fever group, treated successfully by the nature cure; but the full evidence of Hydropathy has yet to come. The fear of treating the various fevers in Hydropathic sanatoriums because of their contagions, and the horror many people have when the term "infection" appears on the scene, has postponed the advantages to be derived from the system.

All fevers are due to blood-poisoning. Now the sole object in view is to destroy the germ life, by applying the extremes of temperatures, viz., cold or heat, as in the cold sheet, or the Turkish Bath, and then by repeated baths to extract the dead germs from the circulation, which, if they remained, would naturally show themselves in mischievous combination elsewhere, notably among the vital organs or tissues; brain fever for example, or inflammation of the lungs, &c. This process, in its very simplicity, stands in the way of its enlistment, and its immediate progress.

Erysipelas is included amongst the infectious disorders. It often recurs after a first attack, particularly when the face or neck are the parts affected—another instance of the fallacies of the faculty in asserting that one attack, or a mild attack, of one disease, *i.e.*, Smallpox, etc., is preventive of a second recurrence of the disease in the same patient.

The effect of morbid actions on the body, their invasions, progress, courses, and manifestations, are matters in our time more for future investigation, than for accurate definition. In the immediate precincts of Vaccination, it is impossible for any man, however able he may be, to say how much that operation may not be mainly responsible for the complexion, tenacity, or diffusiveness of fevers in their many-sided varieties.

As soon as Vaccination is abandoned, and we have adopted more natural and imperial remedies than are at the disposal of the physician, we shall record so great a change that our Medical authorities will have to burn their productions, and start afresh to write on the nature and tendencies of disease.

Erysipelas is no doubt inoculable in Vaccination, and, where the disease exists, the operation stimulates and intensifies the attack.

Cancer.

In the Nomenclature of diseases Cancer is described as "a growth that tends to spread indefinitely into the surrounding structures, and in the lymphatics of the part affected, and to reproduce itself into the remote parts of the body." There are many sub-divisions of Cancer. Any tissue or function may be affected, even to the bony structure.

Its tremendous increase, judging by the returns, must have its origin in some new exciting cause of a specific nature.

The mortality from Cancer in 1847, when it was first separately distinguished, included 4,586 deaths, and it ascended by a gradual progression in 1873 to a total mortality of 10,455, and the deaths in 1888 reached a crisis wherein 17,506 persons fell before this new born scourge. It is within the bounds of truth to say that Cancer has been epidemic now and for 20 years back. To what circumstance, or set of circumstances, is it to be attributed? Whence its origin? Is it to a fashion in Certification? Surely not. Is it to a widespread infection, or a homage paid to a comparatively new-fangled cause of death? It cannot be. Cannot science trace it up to its source? Science might, if true science were to explore it; but Medical Science is not an exact science, and it does not do to trust in a science that is deficient and inaccurate.

For years we have traced this mortality to the Vaccinator. Who can suggest a cause equal to it? The "cancerous juice" from the cells in the tissue or structure affected is as inoculable as the specific poisons of Syphilis, Scrofula, or any of the fever order! And who can decide whether in the course of generations, subject to the influences of Vaccination, changes may arise producing other morbid phenomena which the physician may be glad to hide beneath the sod in the burial ground of Cancer? These are not pictures of the brain, they are palpable and certain events, not needing much foresight in their prediction. Why this anxiety in the Registration Department to increase death-causes in general, and others in particular, which are indefinite and hazardous and capable of screening disasters which, so far as the Medical mind is concerned, it were wiser to suppress?

Other Diseases of the Circulatory System.

This used to be "Heart Disease." The present title belongs to the nomenclature of the Royal College of Physicians. Under its old heading, adopted by Dr. Farr, it revealed the terrible and awful nature of the foe we had to deal with, whereas in its professional garments half its terrors are dissipated. Know, therefore, that this mortality, discounted at the rate of 10 per cent. for other diseases of the Circulatory System, are all due to heart affections. Now the chief contributors to this heavy death-roll are the fevers in their utter mismanagement, the sequelæ and complications springing into being as the penalties "for misdemeanours" in the conduct of fever. The world is crammed with heart affections, there is scarcely a family circle without its traditions of this calamitous malady; and pass through our towns and cities, taking every fifth house, and you will find a representative, declared or secret, confirming the extent and ravages of a disease which is, to a very liberal degree, dependent upon conditions outside the ordinary causes which produce it.

Vaccination is a *vera causa*. The vaccine fever has its sequelæ and its complications as well as Cancer, Syphilis, Scrofula or Erysipelas. The Vaccinator is as blind as a bat in the sunshine, or else he would see them, and avoid them, by surrendering a practice which is bringing the Allopathic structure tumbling about his ears. Verily the system

which nurses this hybrid growth, the virus of vaccine, must have within itself all the elements of discomfiture and decay.

The remedies at the command of Physic for heart affections terminate in increasing the intensity of the symptoms, and afford no modicum of relief, whilst sanative appliances, by equalising the circulation, relieves the pressure upon the heart's action, and in very many instances perform a permanent cure. The Turkish Bath is truly a specific. I have known patients who had not been able to ascend the stairs leading to the first floor, for years, cast off all disability of that sort after the first bath. If a patient, suffering from heart complications, once attempts the bath, he will never abandon it--he is lost to the physician. Dropsical patients have been practically restored to life after trying the benign influence of this bath. I met a gentleman, a few months ago, in Nevills' Baths, London Bridge, who for several years had been afflicted with a Rheumatic affection of the heart, and his sufferings had been so severe that his head was bent forward, almost on a level with his shoulders, and after using the Turkish Baths for three months he lost the Rheumatism, and his figure resumed its erect position. In the late Dr. Barter's estimation, the Turkish Bath was a specific for heart troubles of whatever type, acute or chronic, and his cures were known throughout the country.

The names and works of David Urquhart, and Dr. Barter, will yet fill a wider space in the history of the science of healing than that which they occupy in our time. Turkish baths have within the circle of their operations capacities for good to humanity of which the people are in blankest ignorance. When mechanical Engineering has completely developed its powers in giving to us a perfect Bath, it will, in the near future, provide us with a splendid adaptation for all the fevers. The only higher development of the Turkish Bath, beyond that which we now enjoy, will consist in the attainment of a purer hot air, and I feel quite certain it is a desideratum within the immediate range of technical skill and human invention. An improvement of this kind is one of degree only. The Hammams, and Nevills' Baths have approached the nearest to a solution of the difficulty. But, for all present purposes, and for fever cases, the Turkish Baths around us, defective in one point as some of them may be, are fully up to their

work, and are waiting their call to a grander and more fruitful field for their usefulness and application. The point I refer to, that of a purer heated air, is more of a luxury than an absolute necessity in the treatment of disease. Hot air, like cold water, although they may be impure in their constituent elements, to a certain extent, are yet endowed with the property, without impairment, of destroying fever germs with which they come in contact. It is the cold or the heat, and not the chemical purity of the agents, which is destructive to germ life.

Cholera.

Cholera has abandoned our coasts, and we need not discuss it now. The deaths recorded for some years past, I should say, belong rather to Diarrhœa than to Cholera, and I think that this death-cause might be left out of our system of certification.

The devastations of Attila, who was called "the scourge of God," were as a drop in the bucket when contrasted with those of the Cholera.

The improved dietary of the peoples of the earth, the more suitable clothing, the greater cleanliness in their persons, homes, and surroundings, have clipped the wings of an Epidemic which will soon be a matter of history. In communities where Sanitation is absent, Cholera may show itself now and then, but its former fatalities can never be revived.

Sanitation demands our gratitude as well as our care; it is Nature's great prophylactic. Graham and Farr were the leading spirits in this new crusade. The English people have an obligation resting upon them to perpetuate the name of William Farr, by raising a people's "Farr's Sanitary Institute," to render nugatory the questionable teaching in a college to be dedicated to "Preventive Medicine!" The institute could embrace Sanatory science, and its double object would be to inform the people on the twin-subjects, and the knowledge thus communicated would be of incalculable value.

Causes not specified, or ill defined.

Certification in this column should be confined within the strictest limits. Certificates, indefinite in their character, offer inducements to

inattention, or positive indifference. When a medical man is in a hurry, the first cause demanding neither care nor responsibility is seized upon. I have seen it done. Indefiniteness in Certification is now the order of the day, and each new exhibition of it is like a leaden weight thrown round the neck of a drowning man—the system must perish, and give place to a new one established on a wider and more accurate principle.

Certification needs revision, and, when it is proposed, a lay element must be imported into it. Medical despotism, like all other despotisms, is no match when pitted against public opinion and public interests.

Official appointments, such as that of the Registrar General, should not be for life, *and dotage;* the longest term in that office should be 7 years, so as to assure a ready and periodic accession of new blood into its proper administration. I regard it as one of the most responsible posts which a man can occupy; his opportunities for good service are limited only by the measure of his capacity, and the breadth of his observation.

"Old Age" as a Death Cause.

For the last forty years the mortality from "old age," as a death-cause, has been stationary. The annual average for that period covers a total of 27,444 deaths. This column registers the deaths of those who die of old age—a perfectly natural death—one from sheer exhaustion. There are many who die at seventy or eighty years of age of heart disease, bronchitis, and other diseases, but such deaths are certificated to the cause—heart disease, bronchitis, etc. It is clear that, from some cause or other, "old age" has few attractions for those who should daily "shape their ends." People are either wearing themselves out before their time, or their mode of living is antagonistic to health and length of days, or the remedies they use in sickness communicate disease conditions fatal to life. There is yet another cause operating against the race—I refer to vaccination.

Whilst vaccination, as a cause of death, mainly affects the infantile population, yet there must be, and there are, some thousands of instances per annum where life has been cut short by diseases inoculated into the young child. The instance given in a note, page 4, is a case in point; and when it is brought to mind that some forty diseases

inimical to life have been certified to by medical men—I refer to the report of Dr. Makuna—the understanding is staggered before the overwhelming possibilities of mischief connected with the observance.

Another important consideration is the fact that the administration of drugs, mineral and vegetable poisons, is another prolific source of danger exciting a morbid influence upon life, limiting its duration. For example, look at the doings of one drug—mercury. Dr. Edward Johnson gives no less than fifteen diseases caused by a drug generally used, and in many cases as a specific. Diseases are known to have been established by arsenic, iodine, lead, lunar caustic, and even by the continued use of common alkalies, potash, soda, ammonia, and magnesia! If one metallic substance—mercury—occasions fifteen distinct affections prejudicial to life, what would the number amount to if we knew the sum total following the administration of the drugs given in the Pharmacopœia?

Poisons affect the whole system, being carried by the blood to the remotest parts of the body. We see this exemplified in inquests where the suicide or the murderer used poison to compass his own death, or that of his victim. The contents of the stomach are first submitted for analysis and yield the best results; but other tissues show the presence of the poison in great or less quantities.

Perhaps the worst feature, under the drug system, is that the medicinist totally ignores the skin functions and the powerful agencies of natural remedies. How many times, in fever cases in a single twelvemonth, does the physician say, when he sees the patient slipping out of his hands, "If I could get my patient into a strong perspiration, I could save that life." The office of the skin is altogether discarded. Why is this? The reply of my own medical man, as recorded in a previous chapter, is nearest the truth—"We do not understand Hydropathic remedies, and we do not introduce them into our practice." If such remedies in fever are more potent, why not use them? Ah! there's the rub! Do medicinists understand their action? Physic will always stand aloof from sanatory remedies. Physic could not live out of them. To introduce them would issue in transforming the patient into his own physician for the future. Physic would lose by that, whatever the patient might gain. Physic cannot be expected to submit to so great a sacrifice. No, this reform, if ever it be carried, must come from the people themselves. Is it worth while to attempt

to educate the profession? Will it pay in the long run? No. The people must start an independent hospital—a lay hospital, to be conducted on fair principles. "Say, on what principles?" The hospital must be a sanatorium where patients can be boarded at a moderate charge for the temporary residence—baths and washing (not treatment!) included. Could not the profession put a veto upon that? Certainly not. If medical colleges could do so, why have they not? They have no such power. Besides, if they had, would not Parliament soon abrogate a law which told against the public interests? There is no power under the sun that would sanction the interference of any medical authority in preventing a man from having a bath; why, in such a case, the nation itself would rise in revolt. True, a bath may be called treatment; but it is not medical treatment. I would not interfere with the privileges of the profession. I do not wish to do so. Not a single drug shall be used; they are not in the programme, not required, and in their effect, if administered, they would obstruct and not work a cure. So that the course is clear, and amidst all the medical hospitals around us, why not have one lay hospital, or rather sanatorium, for fever patients? "Would you mix the fever cases?" Decidedly; the origin of the fever—blood-poisoning—is one, and the remedy is one. What about the contagions? With the nature cure there is absolutely no contagiousness produced, the special fever germs are destroyed, the infectious matter passes off with the water in the washing and the bathing, and the inside of this sanatorium will be as free from infection as is the external air. Any one may sleep with a patient without the slightest risk of infection.

In the present management of fevers, under the drug treatment, the hospital is a patent incubator for the development of the contagions; it is a huge death-trap, and on every fifth bed the patient is marked for death. Before many years have passed away the physician who loses a fever patient will have a black mark put over his name! The percentage of deaths to cases now is equal to 18 per cent. A generous margin would reduce that figure to 5 per cent. All who perish above the 5 per cent., viz., the 13 per cent., ought to be disposed of under a new heading—"treatment a failure."

Now when the various circumstances and disabilities I have suggested are included in the account, we shall be better able to under-

stand the reason why deaths from "old age," as a death-cause, do not increase at a more satisfactory rate.

There are a multitude of other matters which conspire to reduce the term of life in individuals. For instance, the peculiar mode of life, smoking, drinking, flesh eating, and passing hours in the evenings in rooms badly ventilated, thus impeding the process of digestion and the oxygenation of the blood; the influence and effects of his work, anxiety, loss, illness and death of those around, irregularity, insanitary environments, uncleanness of person, disease, etc., etc.

Is the physician doing his proper work in the world? No; and he cannot do so until his living is assured to him on the more exalted basis of preserving health. A smoker, how can he reprove the smoking habits of the people; a drinker, it would be inconsistent in him to rebuke the drinker; a flesh eater to excess, how could he lecture those who are guilty of the same fault? If it be essential in the clergy that they should point the way to a religious career and walk in it themselves, then I say the same necessity attaches to the physician—he should be a perfect embodiment of the highest standard of physical life. One man digs his grave with the stem of his pipe; a second with a tumbler; and a third with his teeth, and the physician sets the example. With these evils in full play no nation could for long maintain its old form of moral greatness, its high intellectual acquirements, its industry, its force of character, its ambition, its physique, or its religious life.

I met a gentleman only a few months ago, who had recently spent some weeks in one of our large towns. I inquired as to the condition of the people. He said the people are given up to two objects—mammon and drink. When they are not making money, they are drinking; and when they are not drinking, they are making money. Cigar shops and drinking shops were the most frequented places.

Talk of smoking as an assistant to mental work! why if it should help one man to think, it helps 500 not to think!

Speak of drink as a harmless thing! why I scarcely have known a man given up to it, but in the end it ruined him, body and soul. Do you meet him in the street? his face is the index to the volume.

Flesh eating to excess is equally characteristic. Its expression is seen in the face and figure, changing both to its own grossness.

If the physician of our day were up to his work and duty, these things would not be such prominent features in English life.

I appeal to the Clergy, to Ministers of all denominations, and to Statesmen and Sanitarians, to consider these things, and to raise their voices against the evils I have described.

The nature cure, insisted on so courageously in these pages, is the only cure for the fevers, and he who hinders its general adoption is no friend to mankind, but he is seeking to retain a drug system of treatment—a system which has invariably proved unhelpful and fatal. Now the saving of a mass of human suffering and an annual sacrifice of deaths, far beyond our computation, depends upon the choice of the people as to which deity they will serve hereafter—Æsculapius, or the great Creator whose antidote is isolation and the "running water."

I propose at this stage to introduce five tables showing the principal causes which produce the fevers, the periods of incubation, the symptoms, the drugs used in the treatment, and the sequelæ and complications arising from each. I take them from "The Family Physician," and from Dr. Copland's "Dictionary of Medicine."

I have extracted the particulars for the tables almost wholly from "The Family Physician," not that any improvement is shown upon Dr. Copland's work written some 50 years before; but that it is the last authoritative declaration of Medicine, written, and no doubt revised, by the several authors.

The abandonment of "bleeding for the fevers" is about the only noticeable change of practice during the last half century. With regard to the "Symptoms" and "Sequelæ" of Fevers Dr. Copland is far more exhaustive.

And as regards the "periods of incubation" the physicians are careless to a fault. The periods are loosely given, and I had to apply to Copland and other writers. Where the periods of incubation are stated at 1 to 5 days, these are exceptional cases of direct "blood-poisoning" by reason of scratches, abrasions, or open wounds on the skin surface. Future observation, I should say, will determine the periods of incubation between 8 and 15 days. I believe that nature will give to man the reasonable chance of destroying the fever germs during the stage of invasion. I have more faith in God's prescience than in the verity of medical statistics.

TABLE No. I.—SHEWING THE MAIN CAUSES WHICH GIVE RISE TO THE PRINCIPAL FEVERS

(Extracted from "The Family Physician," by the Author).

Name of Fever.	Principal Causes.
Smallpox	Insanitary surroundings, uncleanness of person or house, rooms unventilated, overcrowding, predisposition to Contagion.
Typhus	Low quality of food, dirt and squalor, bad sanitation, overcrowding. Typhus follows in the rear of war, famine, and strike. Contagion.
Enteric (Typhoid)	Defective drainage, broken pipes or perforated drains, fumes or solid matter from human excreta in a state of putrefaction—affecting wells, streams, or atmosphere ; bad sanitation. Contagion.[1]
Measles	Causes unknown, supposed to be a specific poison infecting the atmosphere, and affecting the whole system. Contagion.
Scarlatina... ...	Fumes or solid particles, miasms, thrown off by vegetable matter in house, surroundings, or neighbourhood. Contagion.
Whooping-cough ...	Causes obscure, supposed to arise from molecules of organic poison travelling in the air and producing this affection of the air passages. Origin unknown. Contagion.
Diphtheria ...	Gases or matter given off by decaying animal bodies poisoning the air we inhale or the water we drink. Contagion.
Erysipelas... ...	Innutritious food, shell-fish, or badly dried, smoked, salted, or preserved meats; mental emotions—anger or fear, intemperance or disease, abrasions, scratches, wounds or burns exposed to an infected atmosphere, or to Contagion.

N.B.—The reader must remember that I have distinctly given it as my opinion that "Contagion" practically implies "blood-poisoning." See pages 110 to 119 of this work.

[1] The physicians say of Typhoid that it is not contagious. I believe this is an error, but the contagion is of a low order, like that of Erysipelas. Under sanatory appliances Typhoid, like the rest of its class, is not contagious.

TABLE No. II.—SHEWING THE SYMPTOMS OF EACH FEVER.

(Extracted from "The Family Physician," by the Author).

Smallpox.	Typhus.	Enteric (Typhoid).	Measles.	Scarlatina.	Whooping Cough.	Diphtheria.	Erysipelas.
Pains in back Prostration Headache Vomiting Eruption	Pains in back Headache Weariness Prostration Mottled rash	Malaise Weariness Pains in limbs Nausea Giddiness Fever Chills	Cold in head Feverish Sore throat Eyes watery Rash	Sore throat Appetite fails Feverish Headache High temperature Furred tongue Rash	Common cough Bronchitis Whooping inspirations Vomiting	Feverishness Chilliness Pain in head and neck Debility Thirst Drowsiness	Malaise Aching limbs No appetite Thirst Nausea Vomiting Diarrhœa Sore throat Headache Giddiness Inflamed skin

N.B.—In assisting to determine the nature of a fever it is helpful to reflect as to what particular fever may be epidemic or sporadic at the same time, as the premonitory symptoms in several fevers are similar and a mistake may easily be made.

TABLE No. III.—TABLE SHEWING THE DIFFERENT PERIODS OF INCUBATION OF THE FEVERS.

(Extracted as before mentioned).

Smallpox.	Typhus.	Enteric (Typhoid).	Measles.	Scarlatina	Whooping-Cough.	Diphtheria.	Erysipelas.
12 days	A few days to several days	Not given [1] (1 to 15 days)	Not given [1] (7 to 14 days)	24 hours to 1 week or a fortnight	Not given [1] (5, 7, or 9 days)	Not given [1] (1 to 14 days)	Not given

[1] These are supplied from Dr. Copland and others.

TABLE No. IV.—TABLE SHEWING DRUGS USED DURING THE COURSE OF TREATMENT FOR THE FOLLOWING FEVERS.

(Extracted as before mentioned).

Smallpox.	Typhus.	Enteric (Typhoid).	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Erysipelas.
None given [1]	Cascarilla Laudanum Belladonna Remedies for Diarrhœa	Quinine Laudanum Opium Baptisia Digitalis Iron A. Lead Morphia N. Silver S. Copper Arsenic Bryony Turpentine	[2] "There is no antidote for Measles, and in spite of drugs and medicines it will run its course."	Quinine Belladonna	Quinine Ipecachuana Belladonna Squills Sy. Tolu Ammonia Sy. Chloral Iron S. Zinc	Quinine Iron Mercury Gelseminum Strychnia	Iron Aconite Belladonna

[1] The physicians of our day have no drugs or treatment for Smallpox. This is a strange phenomenon, because Dr. Copland nearly empties the surgery into the patient's stomach!

[2] "The Family Physician," p. 28.

Note by the Author.

There are now two fevers, Smallpox and Measles, for which drugs and medicines are of no use. This is admitted. The same poisonous substances have been resorted to for generations back for all the fevers, and why abandon them now for Smallpox and Measles, and retain them for Typhus, Typhoid, Whooping-cough, etc.? There is no possible answer to that question, excepting this, viz.: that physic is an effete system. Physic is finding out, and confessing its inability to cope with disease. Who, in his common senses, could hope to cure Typhoid with any of the deadly poisons given in column 3?

The drugs above referred to have no influence whatever in controlling disease.

TABLE No. V.—TABLE SHEWING THE SEQUELÆ AND COMPLICATIONS OF THE FEVERS.

(Extracted as before mentioned).

Smallpox.	Typhus.	Enteric (Typhoid).	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Erysipelas.
None given.	"The sequelæ of this disease are very few, especially when compared with Typhoid or Scarlatina."[1]	"The complications and sequelæ of Typhoid Fever are very numerous more numerous in fact than any other fever"[2]	Bronchitis Pneumonia Tuberculosis Diarrhœa Meningitis Atrophy Whooping-Cough Marasmus	Bronchitis Pneumonia Tuberculosis Dis. Kidneys Heart Dis. Pleurisy Pericarditis Rheumatism Dropsy	Bronchitis Pneumonia Tuberculosis Convulsions Emphysema Atrophy Hydrocephalus Marasmus	None given	None given

[1] "The Family Physician," p. 560.

[2] Ibid., p. 549.

Notes by the Author.

The above table is very incomplete. Smallpox has its sequelæ and complications, but not so many as Typhoid. Diphtheria has its sequelæ, although none are admitted.

The less important branches of the fever group, viz., Rheumatic, simple and ill-defined, Remittent, Intermittent, Relapsing, and Continued, the Yellow, Ague, Splenic and Puerperal Fevers have all their sequelæ and complications. I refer to these here to show how many are the avenues through which more serious diseases gain admission to the body, and that if we would reduce the mortality from Bronchitis, Pneumonia, Convulsions, Diarrhœa, Atrophy, etc., we must begin at the beginning and find a better system of treatment for the fevers. Fever neglected and mismanaged, means incipient, certain, and widespread disaster.

It was my intention at p. 192 to state my object in publishing the mortality statistics, but on reflection I decided to submit some observations on each of the 23 Death-causes, and also to tabulate the causes developing the principal fevers, the periods of incubation, the symptoms, the drugs administered, and the complications or sequelæ following the fevers enumerated. In offering so much additional information and suggestion, my idea was to lay a firmer foundation for the statements and the treatment I was desirous of enforcing.

The reader must accept the statements I enunciate on my own authority. He must regard me as an expert, and receive or reject my opinions where they affect his judgment, or seem to be opposed to his own theories or beliefs. I am doing battle with old creeds, fallacious dogmas, and a system of treatment whose principles, methods, and remedies I assail, expose, and seek to displace. Integrity of purpose, which I claim, will hide many defects. Whilst I am open to conviction, I know that my opinions will be severely criticised. Experiment, confirmed by experience only, and not argument, can decide the most important of the issues I have raised.

No claim is set up for originality of ideas, or for anything in the shape of a new discovery in the application of principles affecting the cure of fevers. My ideas are my own, the result of patient observation and experiment, and if many other enquirers, in this or foreign countries, have given expression to similar opinions, or facts, what matters it? We are co-workers in a field where man is nothing but a spark, an atom, or a breath, and God is all in all. We will shake hands and do battle with error, privilege, and professionalism. One in aim, we shall not quarrel in the division of the spoil. The man who goes in for the gold, the silver, and the changes of raiment, will find no competitor in me. Free to think, free to act, the writer is the slave of no system. If in the right, then follow; if in the wrong, reject and seek a safer guide.

In the Death Tell-Tale I have given the totals of 23 Causes of Death, regarding them as the principal Death-causes. The time and means at my disposal prevented me from going over the whole ground; but, for the object before me, the more comprehensive view, however attainable, was neither desirable nor essential for my present purpose.

My principal object in this chapter is to enforce the following propositions, viz :—

1. That fevers, Smallpox, Typhus, Enteric, Measles, Scarlatina, and consanguineous disorders, have their origin in blood-poisoning.
2. That diseases such as Phthisis, Bronchitis, Pneumonia, Atrophy, and Debility, Diarrhœa, Convulsions, Hydrocephalus, Tabes Mesenterica, Cancer, and many other fatal diseases, accountable for so great a proportion of the total mortality from year to year, are principally the sequelæ of the fevers, and in their origin are attributable to blood-poisoning.
3. That the following diseases, viz., Laryngitis, Enteritis, Peritonitis, Nephritis, Bright's Disease, Rheumatism, etc., etc., do not come upon men suddenly but insidiously; not directly, but indirectly, mainly as the complications and sequelæ of the fevers, originating also in blood-poisoning.
4. That Vaccination contributes largely to excite and diffuse diseases having their source in blood-poisoning; that the public health suffers, seriously and permanently, from the observance, and that this aspect of vaccination invests it with a fearful significance.
5. That blood-poisoning is the truest of all disease-causes, and in its final issues it is the truest of all death-causes.

Following me thus far, the reader will be prepared to accept my proposition that the fevers, eruptive and non-eruptive, originating in blood-poisoning, are the main openings whereby disease-conditions gain access to the body, and, in their neglect, or bad treatment, diseases of multiform type, more or less fatal, are the inevitable though undesigned result. Fevers are the great feeders which swell the total mortality. Check the fever in its first stage—Invasion—and the answer will be an immediate reduction in the mortality from Phthisis, Pneumonia, Bronchitis, Diarrhœa, Atrophy, etc. Put your foot on the burning match and you prevent a widespread calamity. Stop the leak in the reservoir in its small beginnings and you prevent a catastrophe. Just so is it with the fever in its origin. The real success of all fever treatment depends upon the early and energetic application of remedies. A stamping-out process, to be effective, must be exhibited during the first manifestations of the disease. Every minute here tells for or

against the patient. If ever delay is dangerous it is in the early history of a fever; but medical treatment of fever throughout is characterised by delay during its invasion, development, and exhaustion.

Classification of Diseases and Certification of Death.

I have deemed it prudent in this work to bring into review one great department of disease embracing the fever group mentioned below, viz., continued fever, intermittent, remittent, and the eruptive fevers, but I have directed my attention to the eruptive fevers almost exclusively. The mortality from the fevers covers much more ground than the statistics suggest, or than any one not accustomed to the statistical manœuvring, in the tables furnished by the Registrar-General, could believe. Out of 24,600 deaths 18,989 occur from eruptive, and 5,611 from non-eruptive fevers; both spring from similar causes, blood-poisoning, and both sections are governed by the same law of cure.

In defence of my case I must again repeat the statement that the total mortality from the fevers, as a whole, as given in the returns from year to year, by no means represents the actual mortality from the fevers—I should say in round numbers not one fifth, perhaps not one seventh! How does that arise, you will ask? I will show you. As an illustration I will take the fever returns for 1888. By referring to the Table No. 2, "Causes of Death arranged in order of Mortality, p. 189, you will find the mortality as under, viz.:

I. Continued Fever—		*IV. Eruptive Fevers—*	
1. Simple Fever	436	1. Smallpox or Variola ...	1,026
2. Typhus Fever	160	2. Cowpox or Vaccinia ...	45
3. Enteric or Typhoid Fever	4,848	3. Chickenpox or Varicella	116
4. Relapsing Fever	8	4. Measles	9,789
II. Intermittent Fever—		5. Scarlatina	6,378
1. Ague	78	6. Erysipelas	1,635
III. Remittent Fever—		7. Plague	—
1. Simple Remittent ...	81		—
2. Yellow Fever	—		18,989
	5,611	Total deaths	24,600

We have here from the fever class a mortality of 24,600 out of a grand total of 510,971 deaths for the year 1888, which does not represent an important proportion of the general mortality for the

year. I admit the force of that argument; but I have an answer to it. Out of 167 causes of death in 1888, as shown in Table No. 2, we have only 12 set down to the fevers, leaving 155 death-causes unaccounted for.

I now give the mortality from the following death-causes, viz :—

1. Bronchitis	57,571	8. Diarrhœa	12,839
2. Phthisis	44,248	9. Whooping Cough ...	12,287
3. Pneumonia	30,844	10. Tabes Mesenterica ...	6,774
4. Other Diseases of Heart or Circulatory System	33,389	11. Hydrocephalus	6,743
5. Convulsions	20,764	12. Scrofula	4,917
6. Atrophy and Debility ...	20,741		
7. Cancer	17,506	Total deaths from the above 12 Death-causes	268,623

The above death-causes are not true death-causes; they are symptomatic of something else; and I urge my views on my own responsibility, and as the result of my own careful and dispassionate investigation, —and I say that nearly the whole of the above mortality had its origin in fever at some period, and was in the first instance attributable to blood-poisoning—which is the parent of fever. These deaths are mainly the complications and sequelæ of the various fevers so often referred to in these pages—the consequences following upon the neglect or mismanagement of fevers. The true death-cause was that which preceded the Bronchitis, Phthisis, Pneumonia, the other diseases of Heart or Circulatory System, Convulsions, Atrophy, Cancer, Diarrhœa, Whooping-cough, Tabes Mesenterica, Hydrocephalus, and Scrofula, and I say the certificates testifying that these deaths were due to the causes above named, were wrongful certificates, and misleading to the nation.

I do not give the above diseases as all that come under the category of wrongful certification. I say that there are few death-causes save those which are allotted to accidents, drowning, suicide, to malformations, mechanical or organic defects, or to functional derangement or injuries, and old age, which are outside the pale of my argument, and which are not, strictly speaking, attributed to causes which are symptomatic, not causative, and to that extent unreliable and erroneous.

The practice of certifying to symptoms instead of true death-causes is a source of great trouble, and it is not fair either to Parliament or to the country; to Parliament because it hides from that body facts they ought to know, which facts would undoubtedly influence them in their

legislative capacities; to the country because the people are kept in ignorance of true death-causes which, if known, would have a deterrent effect in leading many to avoid those bad habits and inveterate practices which so often end in blood-poisoning, fever, local inflammations, and organic lesions, which in their turn undermine the constitution, sap the foundations of health, and too frequently terminate in premature death. This bad classification and certification is another instance of the secretive and clandestine methods adopted by those at the head of a system I am attacking, in all their relationships with the public. The people do not know how the mass of mankind die. The system is at fault, more than individuals, because the individuals now working the system were born into it, educated in it, and grew up with it side by side, and that is the principal reason why reform is needed, and why my efforts are justifiable.

Instead, therefore, of there being an annual mortality of 24,600 from the fever group of diseases, if certification were true to science and mankind, we should witness a mortality of 150,000 to 180,000 per annum at least out of a total of 513,971 deaths. In giving that estimate, I am persuaded it is under the mark, much under, rather than over. So important a statement will have to receive ample verification, or its total untruth will be established during the coming years.

Certification to be true should take this form, viz.: "Scarlatina, terminating in Bright's Disease; Smallpox, terminating in Phthisis; Measles, terminating in Heart Disease; Enteric, terminating in Diarrhœa; or Bronchitis, terminating in Pneumonia," The Registrar-General's Report on this basis would be a valuable document; in its present shape it is of no value to anybody. The Department must be under lay management. Whercsoever professionalism rules, other considerations perish from actual contact with it.

Certification should be in charge of an independent authority, say two ministers of each of the three denominations, Church of England, Congregationalist, Methodist, and one each of three other sections, viz.: the Society of Friends, Unitarians, and Primitive Methodists. Two should sit daily from 12 a.m. to 3 p.m. for the purpose of receiving applications for certificates of death. The medical attendant and the nearest of kin, or friend, who witnessed the death, should

attend together and be subject to any questions or investigation which might be determined upon.

It is above all things supremely important that the nation should know how the people die. That knowledge is not communicated under the present system. If the 167 death-causes were printed on a disc in motion, and a youth, born blind, were to prick for the death-cause, in response to each application, the result in any year would be as accurate as the death returns issued by the Registrar-General now.

To obtain a death-certificate should be a process so safe-guarded that dishonesty and inaccuracy should dread the appeal.

This Certification Committee would draw up their own plan of attendance from month to month, and in case of absence, each member would be responsible to find his substitute. A fee for each certificate would be allowed distributable quarterly according to the number of attendances.

If this arrangement were adopted we should not have the Registrar-General writing from 300 to 2000 letters per annum for corrected certification of deaths. At present the system is a disgrace to the whole country. What would be thought of a Bank Manager if 300 to 2000 letters per annum had to be written by the head office saying that in so many instances remittances had been credited to wrong persons; or of a Railway Company which had delivered so many parcels to other addresses than those which were stated on the way bills? Certification is loose and inaccurate, careless, and symptomatic.

Classification of diseases requires altering and simplifying before true certification can be expected. But it is hopeless to look to the profession for needed reforms. Secretiveness, and unchangeableness is the handwriting on the walls of surgery and college. Reform must be carried out by the people themselves, or things will go on as they are until the day following that on which the final judgment shall have closed its accounts.

So long as the physician is paid for curing disease, instead of preserving health, darkness will reign over the profession, and gross darkness over the people—the true incentive to intelligent progress, self-interest, being enlisted on the wrong side. The interest of medical men and their patients should travel not on parallel lines, but on the same lines, and in the same compartment.

Epidemics of Smallpox, under Sanitation, do not increase the Total Mortality in the Average of Years.

It is a curious coincidence that in any given year when Smallpox has been epidemic it has not increased the general mortality, striking the average between that and the following year or two. Epidemics remove the weak lives, and one half of the victims of Smallpox or other serious zymotic are only taken off a year earlier than they would have been if such pestilence had not occurred. For instance, in 1871, 23,062 persons died of Smallpox, and the total mortality was 514,879, and in 1872, which was also an epidemic year, the total mortality fell to 492,265, and in 1873, following the two epidemic years of 1871-2, the total mortality was only 492,520, whereas, in the following year 1874, the total mortality rose to 526,632.

The same circumstance is observed in Cholera epidemics. In 1849, 53,273 persons died; the total mortality was 440,839, and the next year 1850, the total mortality fell to 368,995. In the Cholera epidemic of 1854, 20,097 persons died; the total mortality was 437,905, whereas the following year, 1855, it fell to 425,703. And in the last epidemic of 1866, when 14,378 persons died, the total mortality was 500,689, and in 1867, it fell to 471,075.

Nature's operations are merciful and instructive, and it is only when man interferes with his necromantic fads, that the converse holds true—as in vaccination and the drug treatment.

In our time, and under the reign of Sanitation, epidemics do not increase the general mortality in the average of years. In the middle ages, under the despotism of filth, they did increase the general mortality to an unknown extent. An epidemic which half depopulated a city or a district, could not help increasing the mortality even in the average of years.

CHAPTER VI.

CONCLUDING GENERAL OBSERVATIONS.

OPINIONS BEARING ON THE SUBJECT UNDER REVIEW.

The knowledge of things alone gives a value to our reasonings, and preference of one man's knowledge over another."—LOCKE.

"Defence not defiance."—POLITICAL MOTTO.

"He Healeth all thy diseases."—Ps. 103, 3.

"Look to thy mouth, for diseases enter there."—GEO. HERBERT.

"Wash and be clean."—2 KINGS, 5, 13.

"Water is best."—Motto over entrance door to the ancient Greek baths.

"Nothing is harder to unrivet than a wrong notion."—PROVERBIAL EXPRESSION.

"There is no keeping back the power we have. He hath no power who hath not power to use."—PHILIP JAMES BAILEY.

The True Law of Cure with regard to the Germs of Fever, or Blood-poisoning.

In commencing this last chapter I would preface it with the invocation from the pages of our greatest English poet, viz :—

Let not my word offend thee ;
My Maker, be propitious while I speak.

All fever is due to blood-poisoning. Blood-poisoning, therefore, is the potent source of disease ; it is man's worst enemy, and the one great condition to be avoided.

The true law of cure consists in the destruction of fever germs which have gained access to the circulatory system, and the elimination of the dead matter, coursing in the blood, by the application of the extremes of temperatures, viz., in the hot air of the Turkish Bath, or

the cold water in the ordinary bath, or in the hydropathic system of treatment. For convenience of phraseology this is denominated " the nature cure."

Now whatever the critic or the objector may surmise or urge, it is the object of the author to apply the law of cure here enunciated so as to economise time in the treatment and cure of fevers, to reduce the cost, to avoid complications, to minimise pain, and to save human life.

Considering, therefore, how great a power resides in fever germs, how they are generated and diffused by patients whether in villages, towns, or cities, in all countries, and under all conditions of life, it occurred to me many years past, perhaps 40 years ago, that there must be some law of cure affecting diseases of this description. I looked for it in the earliest records of human history when men were dependent upon divine teaching through the agency of patriarch, priest, or prophet; but I found it not. I cast my eyes among a people where civilization first enshrined itself; but I had no hint from that people—the land of the Pharaohs was speechless as her pyramids. Grecian and Roman accounts of medical treatment, although suggestive, offered no clue to the mystery; the temples bore no inscriptions recording the knowledge of a principle which met my needs. The nations had baths in abundance, but the sanatorians or the medicine men of those times neither evolved nor promulgated a law of cure for the fever group of diseases. Men may temporise with nature remedies for centuries without discovering the secret law which governs or gives effect to their application. For generations back individuals noticed the power of steam as it issued from the kettle spout, but it was Watt and Stephenson who applied this force for man's use. Again, in Electricity, people observed its effects, producing disaster and death, but Morse, Edison, and others showed how this marvellous fluid could be adapted and regulated for the advancement of commercial pursuits, for our pleasure, or advantage.

Seeing then that the vast mass of disease around us has its origin primarily in blood-poisoning, due to germs or living organisms in their varied states, I felt confident that there would be some divine recognition of the principle, some provision to meet the exigency, and in fact some law of nature equal to the occasion, and to show that life force in man must be greater than life forces in morbid germs or organisms.

I could not find that law of nature in the baser principle involved in the medical dogma of "counter-irritation," upon which Allopathy is founded. This theory of "counter-irritation" always struck me as a delusion, a human device, a piece of unmeaning professionalism, unblessed of God, contrary to reason, and opposed to the conclusions of our common understandings. I could not see that law of nature, I was anxious to discover, in the administration of poisons, animal, mineral or vegetable. Poisons lead down to the abodes of death; there is no affinity between them and man's physical nature of a healthy or healing character. What active principle destructive of germ life or microbe could there be in them? antidotes and specifics belong to the empiric, the charlatan, and the schemer; there is no "divinity" in such artifices. Universality in application or result is totally absent. I could not see this law of nature I was in search of, in the practice of blood inoculation, in the dose concentrated or infinitesimal, nor could I find it in the mixed practice of the herbalist. My needs required a law which is uniform in its application, uniform in its action, uniform in its effects, and uniform in its consummation. Uniformity in practice and results I found only in Hydropathy, but I did not see the principle or principles leading up to the cure, and this arose not from any inherent defect in the system as from the lack of contemporary evidence—fevers being practically excluded from the daily routine of hydropathic ordinances. Isolated cases in my own family there were, but these were not numerous enough to suggest any law of nature acting upon a uniform basis. Individual instances of cure, here and there, attracted my attention, but did not affect my aspirations or satisfy my inexorable demands. By a long course of thought I had set up a high standard and theories or principles falling short of it met with rejection. Æsculapius was to me a myth. Hippocrates and Galen were blind leaders of the blind. Modern physicians were like shadows flitting about in the night, or sightless men feeling after the truth, with both hands, yet unable to find it, and in their despair falling back upon their own resources; such men were Sloane, Copland and Watson, with a train of stars of lesser magnitude, dogmatists and methodics. Hahnemann's "Organon of Medicine," and the principle of cure he adopted and taught, I saw was nothing but a zigzag turn in the road leading to endless confusion; whilst herbalism, which had

some merit in it, was only strong as it united the water cure with its simple herbs. Hydropathy, the nature cure, approached the nearest to my ideal treatment ; but I had little tangible encouragement even from its own advocates, and this arose, as I have previously observed, not from any fundamental defect in the system, but from the circumstance that Hydropathists shrink from the idea of introducing fever patients into their sanatoriums because of the dread of infection. I submit that this mortal fear of infectious matters, supposed up to the present time to be the natural sequence of the fevers, is the only reason why hydropathic remedies have not reached the fever group of diseases where their curative powers would be so immediate and potential.

The only English Physician I have met with who comes within touch in his consideration of the theory of cure I am elucidating, viz., the destruction and elimination of fever germs, is to be found in the address of Samuel Wilks, M.D., F.R.S., delivered to the members of the Medical Association, at Birmingham, in August, 1871. In speaking of Contagious Diseases, Smallpox, Typhus, Scarlatina, etc., he says :—" Whatever may be the view to take, if we regard these diseases as in any way likely to have been produced by specific organic particles rapidly growing in a favourable soil, we cannot regard with any satisfaction the doctrine of elimination. According to the generally received views, the virus, as that of Smallpox, being inserted into the system, begins to grow and propagate in the soil until the process of development is complete, it may be to the actual destruction of the soil in which it has flourished. I cannot see anything like elimination in this, but rather a rapid and active growth destructive in its progress. If the soil be not fitted for it, the germ may wither ; but the abortion seems by no means due to any eliminative powers in correspondence to the youth or strength of the patient, but to an entirely different class of circumstances. I confess, if I knew the method of killing the virus at its source, or staying its growth, I should be inclined to do so, rather than foster its development ; and if it be true that these specific diseases are due to the introduction of an organism into the blood, then all must agree that this treatment is rational." Dr. Wilks was very near the truth, yet he missed his way. Evidently he knew little of the *modus operandi* of the theory about

which he was dogmatizing. Destruction first, elimination afterwards. When the germ or living organism in the blood, producing the special fever, has been submitted to the extremes of temperatures, the living principle in the germ or the life in the organism is destroyed, disintegration of the dead matter occurs, and is then eliminated through the pores of the skin surface. I have seen this process. I have had a hand in it many times, therefore to me it is no strange thing. It is a point easy of demonstration. For example, in a fairly healthy child in Smallpox, Bronchitis, or Measles, during the first stage—invasion—I will undertake to draw away all poisonous matter from my patient's system in a couple of packs or Turkish Baths, and thus effect a cure, proving that the poison has been discharged. In Smallpox, after the patient is released from his pack, the specific odour of that disease can be detected, showing that the poisonous substance has been eliminated. Again, in the case of a patient who has been salivated by repeated doses of calomel, after a pack, the peculiar smell of that drug is found both on sheet and blanket. Enjoying his Turkish Bath, a Rheumatic patient can detect the saline and acid ingredients existing in the blood when thus thrown upon the skin surface—they are present to the taste.

Dr. Wilks says, "I confess, if I knew the method of killing the virus at its source, or staying its growth, I should be inclined to do so rather than foster its development." So far so good. Dr. Wilks is honest. Now the Medicinist does not know how to kill the virus, or stay its action. I do, and have interpreted and explained nature's method. There is no other method revealed to man, and if such men as Jenner, Pasteur and Koch will not abide by it, because of its non-professional origin, they must go on palming off their lancet poisons, yea, though their patients perish within reach of a prescription written by the fingers of God upon the clear white page of nature. To finish the sentence, Dr. Wilks concludes thus, viz.: "and if it be true that these specific diseases (the eruptive fevers) are due to the introduction of an organism into the blood, then all must agree that this treatment (elimination) is rational." That is a sound conclusion, but destruction must precede elimination, everything in nature in its own order, as I have insisted on above. To proceed upon the principle that the fever must "run its course" is "to foster its development," and

physic carries out that regulation to the highest pitch of perfection. A system may be in fault, whilst the physician may be honest in enforcing a particular nostrum, even when the death of his patient is involved. It is thus beneath the shadow of this mighty Upas-tree we call the drug treatment. That the fevers are due to blood-poisoning —" the introduction of an organism into the blood"—is, and has been admitted for many years now, and the cure depends upon the swift destruction and elimination of the specific organisms producing the fever. It is policy to eject the thief before he has stolen the jewels and maimed the owner. Extract the ball, and then attend to the wound. Destroy the organisms, and eliminate the dead material, and then look after your patient.

If this system were inaugurated under wise and skilful superintendence, all fevers, eruptive and non-eruptive, might be cured within a period ranging between three hours and three to seven days. There would be no infection marking the course of the fever, and there would be neither sequela nor complication. Patients need not be treated like naughty children—sent to bed—they will not require to absent themselves from business or other duties ; and a fever going over seven days will be a very stubborn case indeed, that of a patient who on account of inattention or irregularity of one sort or other, has lost all resisting or co-operative power to help his cure. I am describing that which is possible and attainable, but we must cut away the bridge with its freights of Quinine, Calomel, Strychnine, Zinc, Iron, its virus-charged lancets, and all the " damnosa hereditas " of physic, and throw ourselves unreservedly into the arms of nature, before we shall obtain that health and peace which God, in his wisdom and goodness, meant for man.

The above facts are the basis upon which I rest my argument that fever patients, under sanatory treatment, are not infectious, all morbid material being separated from the blood and eliminated by the skin function. I am therefore within reasonable bounds when I say, let me treat a Smallpox patient and I shall be safe from infection if I slept with him each night. It is the same facts which are the grounds upon which I base the argument that if sanatory remedies prevent the development of infection, and they will do so, there can be no after complications or sequelæ, because the specific poison has been totally

eliminated in the first instance, and is thus incapable of further mischief. Physic has no such power; it knows no such action. The living germ or organism remaining in the blood, under Allopathic treatment, reproduces itself and diffuses infection; the matter still clogging the circulation is driven upon some neighbouring tissue or function, and a permanent disease is set up; perhaps a heart disease, or a lingering death from Phthisis or Bronchitis finally decides the contest between an inert system and nature's stronger issues.

It is the same facts, fortified by my faith in God's goodness and wisdom, which justify the prediction that no patient should "die of a fever," and that where death does take place it is referable to one of two circumstances,—1. It is through the neglect of premonitory symptoms by the indigent patient, and—2. It is "through the default of his Physician" as Sydenham saith, in trusting to remedies which are human in their origin and void of any true object in their administration. The Physician of modern times, as in olden times, says the fever "must run its course," he acts up to it, he never attempts to check or stay "its course," the consequence is that students educated on that principle seldom dream of trying another remedy and smile at those who do; so physic treads in the old ruts and in the sole interests of professionalism a perpetual wrong is inflicted upon the people. In this struggle the combat is between man and Nature—man in his ignorance and his presumption, Nature in her unity and her perfection.

As to Smallpox, Hydrophobia, and Tuberculosis, and their Cures.

There are three diseases—Smallpox, Hydrophobia, and Tuberculosis, for which medical men have adopted strange devices and unnatural methods in order to promote or provoke a cure. In each instance they have failed to do either one or the other. Devices and methods like those of Jenner, Pasteur, and Koch are gross interferences with man's physical organization: they are predestinated to fail; and why should they succeed when Nature has a remedy for each, a remedy which is simple in its character, harmless during its operation, recording no

after-consequences or sequelæ, easy of attainment—without money and without price—and in its completion it admits of no imitation, assistance, or rivalry. Surely a remedy like that should be known? Ah, no, before men accept that which is simple, they have to conquer all that is difficult; to gain that which is true they have to overcome much error. Nature's cures are free; man's are faulty, painful, and costly.

As to Smallpox and its Cure.

When medical men sought for a specific such as inoculation, or vaccination, it was on the understanding that they had no remedy for the Smallpox.[1]

Medicine has never known how to cure the Smallpox, and it is still without a specific, vaccination having been a sweeping failure everywhere. Parliament paid £30,000 in hard cash for this Jennerian swindle, this horse's leg and cow's teat business. After nearly a century of continued failure, a Royal Commission has been sitting for close upon three years, avowedly to find a substitute for the craze of Vaccination, and, so far, without finding it. This Royal Commission may yet perish with the dirge of Goethe upon its lips, "Light, more

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[1] Dr. Jno. Hunter, in his celebrated treatise on the blood, published in 1828, p. 334, says of the smallpox: "We have no specific remedy for the smallpox, nor can we readily have any for a disease which cures itself." What a strange remark—"for a disease which cures itself." It does not "cure itself" when 18 per cent. die of it, and probably another 32 per cent. suffer from the complications arising from neglect and bad management. But the 18 per cent., according to Jurin, and in agreement with recent hospital statistics, was never a true figure. The 18 per cent., in our day as in the past, only represents those who die of smallpox *per se*. In instances where patients recover of smallpox, but die of the sequelæ, the deaths are recorded either to pneumonia, bronchitis, convulsions, diarrhœa, atrophy, or other sequelæ, and we are thus cheated out of reliable data. We have always been so cheated where we should have had accuracy.

Since Dr. Hunter's time no specific has been discovered nor will one ever be discovered. Bacteriology will produce no higher result. It is a great insult to the Infinite Creator to suppose he has provided a specific for a filth disease. Why such an idea is derogatory to his being! It would act as a bribe or temptation to insanitation, to negligence, and presumption. God has done no such thing for any fever of whatever character. The Creator does not regulate or restore the health of his people by antidotes or specifics. The true principle, the only principle he has enunciated is, "Wash and be clean." In the Levitical economy washing with pure water was inculcated both for moral defilement and for bodily contaminations. For the plague of that day, the sin of overcrowding and insanitation, the "running water" and the isolation were the divine remedies.

light;" that is, unless something more is offered to avert a catastrophism so signal.

But why search for a substitute, instead of directing the full glow of our national intelligence on to nature, and inquire if the resources of the eternal mind are in fault, and if nature is equally destitute of a cure for Smallpox and for the host of fevers whose origin is in blood-poisoning? Which is to be the greater of the twain, the fever germ or he who called it into being? Here is the crucial question, calling for an answer, Where is the cure? Is it in nature, or in man?

Wheresoever that cure is discoverable, in nature or in the drug treatment, it is my opinion that the remedy for one fever will be found the remedy for all. I have persistently entertained that view; it is the loadstone in my system, and without its presence I should be landed in irredeemable confusion. Under allopathic treatment the hundred remedies or drugs, not one of which is of any avail, prove the system to be both vacuous and inefficient.

The nature cure insisted on in these pages is the only true remedy for fever of whatever type, in all countries, climates, or conditions of man.

Relation 44.

THE FIRST GREAT LESSON IN SANATORY SCIENCE.

It was given when the world was young. Overcrowding and insanitation in those early days produced disastrous effects. The spotted leprosy, the small-pox of that period, troubled the people. Isolation, and bathing in "running water" was the divine remedy. Drugs or herbs were not admitted in the pages of that first pharmacopœia.

The Almighty did not communicate the reason why He prescribed "running water." He did not enunciate the principle that extremes of temperatures are fatal to germ or organic life, because they had no knowledge of chemistry, or the laws of nature. It would have been quite as wide of the mark to have said "Erect an engine, construct a dynamo, and the necessary apparatus, and light the camp with an electrical installation." All things come in their order. God had it in his mind that the extremes of temperatures, cold and heat, and cold was the most perfect and ready remedy, was fatal to organic life; therefore he directed the priest how to carry out his instructions, and to perform a cure. A rude aqueduct, doubtless, brought the cold water from a mountain lake, or a spring on some hill-side, and in the open air, most probably, the plague-stricken stripped to the skin and submitted himself to this first experiment in sanatory science; it was destructive, eliminative, and energising. Death does not appear to have been anticipated, nor was there any need to include its consideration in the formulary. The period for restoration was estimated at seven or fourteen days—a typical limitation under somewhat unfavourable conditions.

THE LAST GREAT LESSON IN INSANATORY SCIENCE.

In Hospital practice Hunter's observation that the Smallpox is a disease which "cures itself" yet rules the faculty. Nothing, absolutely nothing

is done to help the patient to rid him from the grip of fever germs. It is lamentable to record the statement. From the patient's entrance into the hospital to his coming out of it, either in shell or skin, the treatment is a farce, a mockery, and a deception.

Whilst I am writing this paragraph in November, 1891, Dr. Thorne and Dr. Buchanan of the Local Government Board are aiding and advising the Bradford Authorities with regard to the Smallpox Hospital, now in course of erection there, to adopt some new apparatus with the object of burning the infectious germs, or organisms, held in suspension by the air in the dormitories and I suppose in the building generally, before they are allowed to pass into the outside atmosphere. Did any mortal ever hear of such an absurd freak? It is an idea worthy only of the astutest brain in Hanwell. Cremate the contagious matter thrown off by these poor patients. To cremate the patient will be the next step in the ladder? I indulged in a fit of laughter when I heard of this barren scheme. What I allege as to the action of the Local Government Board is perfectly true. A well-known provincial engineer has been consulted, and he has agreed to submit plans for the cremation of the infectious matter which Medicine, authoritative Medicine, brings into being as the direct sequence of its own mismanagement. It is proposed to burn these despicable little footpads. The reason of this new departure is—1. Recent investigations show that the Hospital is a foci whence infections flow out to the people. It is the natural consequence of medical ignorance in the treatment of fever; the physician cultivates the germ life, and because he cannot afterwards control it, he is going to cremate it *en bloc*! Oh! wise Medical Officials of the Local Government Board. 2. Because Medicine can neither cure the Smallpox nor destroy the organic life by fair means, so it resorts to foul, on the principle that all is fair fighting in battle!

Do not produce these organisms. Destroy the embryo in the first instance by strong sanatory measures. This is the true remedy for the fevers. Cremation of organic life is the fruitless scheme of an enterprising fanatic.

The drug system is one which was borrowed almost exclusively from the Greeks, and there is little doubt it was adopted without consideration, and by men who in their day were not capable of deciding upon its merits or demerits, particularly the latter. With the growing intelligence of the age, educated men were attracted to it, knowing nothing better; so that during the last three centuries allopathy has become a powerful organization, gaining the confidence of the public, and since its alliance with surgery it has commanded the respect and affections of the people. A great change, however, has marked its career within the last thirty years. Hydropathy has gained adherents amongst the upper and middle classes; herbalopathy[1] has scored heavily in the homes of the working classes; whilst homœopathy has

[1] The herbalist is doing a great work in the healing art. A large part of his business amongst the infantile population is done amongst patients whom the drug and the vaccine have afflicted with shocking and nameless disorders—undoing that which orthodoxy has mismanaged. The doxes and the pathies are at loggerheads here in earnest! The Allopath will not meet the Herbalopath in consultation, to him herbalopathy is rank heterodoxy. And the Herbalopath can afford to be

worked its way into quarters where wealth and education pitch their tents. To any one who thinks upon the subject, it is notorious that there is a steadily augmenting number amongst all classes who object to physic, whether under one treatment or the other. Men and women are putting hard questions to themselves in every rank of society. Allopathy, to throw people off the scent, is putting forth every energy to retain its place—re-discovering microbes, bacteria, and bacilli,[1] but without proving, by accurate experiments, of what use these organisms are in the cure of disease. Jennerism has turned out a huge piece of deception. Pasteurism cures those who never had hydrophobia, and kills those who had it. Kochism with that precious "brown mixture," is withdrawn—a murderer from the beginning. New ventures will

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generous because he knows that in his simple herbs and his baths he has possession of a secret which the orthodox practitioner is in the utterest ignorance. Then again the Allopath will not recognise the Hydropath, but the Hydropath cares little about it so long as he feels that Nature has affixed her seal to his diploma. But the unkindest cut of all is seen in this, that whilst the orthodox physician looks with less disdain upon his homœopathic neighbour, the Royal College of Physicians, within the last few months, reopened the gangrenous wound by excluding the "Homœopathic Journal," which has been permitted to lay on the table for the last 20 years. Homœopath, Hydropath and Herbalopath nod to each other in passing, but the Allopath with upturned nose sniffs heterodoxy in the sweetest air and gathering up his phylactery with pharisaic pride he marches past as much as to say, "Not me, if you please." But whilst these pygmies are fighting for precedence, what about the public health? Evidently this is a thing of small importance.

[1] Bacteriologists know by experiment that micro-organisms such as the bacteria and microbes can only thrive under a moderate degree of heat, whether in the blood or other liquid, and that to raise or lower the temperature is a fatal proceeding. Even sunlight is destructive to the development of such liliputian organisms. These circumstances lend additional testimony to the theory I am desirous of establishing. It matters little to my argument whether the first infective agent be germ, sporule, bacterium, coccus, or microbe, as excessive heat or cold is destructive to all alike. After the destruction of the germ or bacterium, elimination of the dead matter is essential, as this dead matter, if it should remain in the blood, is more injurious to the human organism than the living bacillus or microbe.

One bacteriologist says he discovered in yeast three distinct microbes, two bacilli, and a bacterium, but that they are assigned no part in the process of fermentation. Another says in the dough ready for the oven he found immense numbers of bacilli, and he states that the fermentation of bread consists of the fermentation of the gluten by a certain bacillus, the *Bacillus Glutinis*. You never know for five consecutive minutes whether you have got the right sow by the ear or not, these bacteriologists are so contradictory. Good gracious, why need we trouble ourselves about the pneumo-coccus, the Lepro-microbe, the Typho-microbe, the wretched bacterium or bacillus? The thing is to prevent their accession, or if they are there to kill them straight off without wasting any breath about them. Bacteriologists do not care to kill their cultures, they prefer to dawdle with them, like a cat playing with a mouse, and it is all play and no killing or eliminating. Oh no, this cold-blooded biped, the Bacteriologist, will busy himself for days and weeks in inoculating "a white rat" or a "guinea pig," with anthrax, in the hope of

be postulated, and the press is never weary of advertising, free gratis, the quackeries of any fool, however illiterate or distinguished—the distinguished fool is the meanest of such exhibits. A German sausage-maker or a French pastrycook, if he can write M.R.C.S. behind his name, can always depend upon the press for jubilatory publication of his fads. But the same press accumulates untold riches by advertising patent medicines, and such like rubbish, generally owned by illiterate people who imitate the Holloways and Morisons of the period. Before another decade has registered its doings, it is to be hoped that an Act of Parliament will pass to compel all venders of medicines to declare the ingredients of their syrups, cordials, and pills. Antecedently to the decease of a second decade, perhaps an Act of Parliament may have been added to our public statutes suppressing the whole of these abominations. If some people I know were arbitrators on the two points, twenty minutes would suffice to carry out both objects, the nations in Europe, Asia, Africa, and America profiting cotaneously by the quickest route.

In introducing the above paragraph, I am animated by the desire to keep one idea uppermost in the reader's mind, viz., that my attack is directed not against individuals, but a system—a system unendowed of nature, perishing of its own incapacity.

The public interest in Medicine is governed by three personal considerations, which should guarantee :—

1. The best cure, minus the danger of after consequences the result of injurious drugs, or mismanagement in the treatment.
2. The speediest cure, and the most permanent in its general behaviour.

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producing as the result, an immune for smallpox, typhoid, or tuberculosis, or other disease against which he is trying to discover an antidote, living or dead. If I told these rollicking scientists I could kill their coccuses, microbes, bacilli, or bacteria, with a douche of cold water at 36°, or a blast of hot air at 250° and eliminate the dead matter in three or four ordinary baths, they would smile and say, "Ah yes, that may be true, no doubt it is, but it would not be professional; our patients would not believe in such things—simple remedies would not pay. That is the point, my good fellow, sanatory appliances, however efficient, would'nt pay—the pay is the "be all and the end of all" as you can see, therefore we must hug the microbe, bacillus and coccus! And so this gullible nation must submit to be hocussed by King Alcohol on one side, and coccussed by King Bacteriol on the other. Moral—"Fools and their money are soon parted."

3. The cheapest cure, one that can never be a burden to the patient, or involve him in second charges for the same illness, as is the case when after consequences are allowed to supervene on the first attack.

Keeping a strict watch over my argument, my reader will conclude —1, That, in my view, the drug system is a failure ; 2, That for fever treatment, the stomach is the wrong function ; 3, That sanatory remedies are the true remedies ; and 4, That the skin is the natural function to eliminate morbid ingredients which have poisoned the life —for the blood is the life.

My experience convinces me that of the three principal fevers Small-pox yields the soonest to the nature treatment, Scarlatina comes next, and Enteric last.

Pitting, disfigurement, blindness, and death from Small-pox, under ordinary circumstances, could not occur under the nature cure.

Sequelæ and complications belong to the drug—the old-time style —and do not infest the cold water or hot air methods.

Infectious products are peculiar to the physic régime, and will not invade the new order of things.

Will not these considerations or advantages bring about a revolution in conducting a cure for Small-pox? Can they be accomplished? Are they dreams or nightmares on the brain, or what else? They are neither delusions nor *ignes fatui* of the mind ; they are palpable benefits in the gift of nature—it is a system of cure which dates back to the creation of man, and it will continue unaltered and unalterable so long as time shall last and men shall live.

A perfect remedy for Small-pox is a perfect remedy for the fever group of diseases. All fevers are one in origin, they are due to blood-poisoning, and there is one remedy—the nature cure. The charm of the system lies in its simplicity, its truthfulness, and—to coin a word —its godlikeness.

What will the profession say to my teaching? Say ! the profession will be furious. I cannot help it. Which is to me the path of duty—to hold my peace in the interests of a system of medicine, or to speak out in the interests of the people? I prefer the latter course. To my mind there is no choice. I dare not regard the present only. I must have respect for the future.

If I am assisting in any process of disintegration, and of that there can be little doubt, I am doing more, I am exerting a powerful influence to substitute and build up a grander treatment—a treatment at once more helpful, more certain and more lasting in its tendencies, methods, principles, and results. To pull down is one thing ; to build up is another. It is not often that one man is equally clever in both departments of the public service. I claim to be an exception to that rule. My work will be the test of my success. "God helps those who help themselves."

As to Hydrophobia and its Cure.

Into whatever medical authority we look for information as to this disease, the reader is struck by the unanimity of opinion expressed on all sides. "There is no remedy for Hydrophobia. The physician has no specific, remedies are all in vain." This is perfectly true of physic ; but then drugs are of no use anywhere, excepting to intensify disease, and to destroy a life which is beyond their succour.

Hydrophobia yields only before two remedies—the extremes of temperatures. Hydrophobia mocks the ignoble efforts of physic. Pasteur has no more power over the fever than a crossing-sweeper out of Lombard Street.

Bacteriology has no relation to public health, either as a preventive of, or as a remedy for disease-conditions.

Bacteriology may determine the causes which produce morbid organisms, but to apply such organisms to the cure of disease only proves how dreadfully pressed the physician is to find a new remedy. Physicians have rummaged creation for poisonous substances, mineral or vegetable, in the vain hope of finding specifics, and the reply still is,—"They are not in us." As a last resource their efforts are concentrated upon outlying organisms,—microbe, bacterium, coccus and bacillus,—the essentially morbid developments of diseased action in the body of man, and yet men devote their lives in trying to discover one cannibal capable of eating up or destroying another, and thus by culture obtain an immune to cure the first disease by introducing a

second ; it really amounts to that, as experience has shown with regard to the treatment of Pasteur and Koch.

The public are to blame in some degree for listening to such absurdities. But what excuse can be urged in behalf of the profession many of whom know as well as I do that the whole science of Bacteriology, as a means for the cure of disease, is a piece of wicked cajolery ?

With a cold-water pack, and a pail douche, water at 36°, or with the Turkish Bath, hot room heated to any point over 212°, no moderately healthy patient should die of Hydrophobia.

One exception, and that a very rare instance, is to be made, viz. : where a patient whose physical constitution, by bad habits or disease, is reduced to the lowest point of resistance, he has little chance, nor should he expect more.

The vital powers of this nation are contumaciously deteriorated from day to day before the two absorbing vices of tobacco-smoking and alcoholism. He will richly deserve the grandest crown Heaven has the power to bestow who, by strong persuasion or force of example, can influence the people to abandon both. To refer to Tobacco and Alcohol as luxuries is a dreadful delusion. Patients whose bodies are saturated with these poisons contribute little to help a cure when attacked by Hydrophobia. Look around ! you will see such men every day in street, omnibus, and train,—men who are ashamed of themselves, men who shrink into a corner, or hold up a newspaper to prevent close inspection by the wandering eyes of a fellow-traveller. Gibbering death with bony fingers points at such men, saying, "Aha ! you will soon be mine. In a few years' time the wife will be a widow, and the children orphans ; their cry is the music that delights my soul."

The per-centage of those who contract Hydrophobia when bitten by a rabid dog is very small, much smaller than people imagine. I once saw a friend bitten by a dog foaming at the mouth, and whose teeth in its last struggles were locked in the flesh of his fingers. After washing his hands several times in cold water, he experienced no after consequences. I could only regard him as in for a deadly infection, but I insisted upon instant ablution. Probably that saved his life.

The idea that Hydrophobia is incurable increases the dread which is openly displayed by the friends and relatives of one who has been bitten by a dog known to be rabid, or otherwise. This mortal fear is a dangerous element in the case. Now that a remedy is announced, calmer counsels will prevail.

Of the curative effects of the Turkish Bath I adduce the following evidence.

Relation 45.

It is said by medical authors that there is no authentic cure of hydrophobia extant. I am giving the first, but by no means the last. I leave Pasteur out of my calculations, because he has, so far, presented no claim, beyond his own assumptions, to our regard.

About the middle of the first week in February, 1880, a boy named Carradice, residing with his parents at Drighlington, near Leeds, was admitted to the Leeds Hospital suffering from a sharp attack of hydrophobia.

For several years back I had asked Dr. Scattergood to send a case to the baths for treatment, urging my belief in their efficacy as a complete remedy. The Doctor and myself were both directors of the Oriental Bath Company of Leeds.

On the 3rd or 4th of February, as near as I can tell, inasmuch as the Report for the Minute-book of that meeting, drawn up by myself, was never entered, there was a meeting of the Board. I happened to occupy the chair. Dr. Scattergood came in rather late, and he spoke as follows, viz. :—"I attend here to-day in a double capacity—1. As representing Dr. Eddison and the other medical officers of the Leeds Infirmary ; and 2, as a Member of this Board. I am requested to say that they have a case of hydrophobia now in the Infirmary, and they are desirous of trying the effect of the Turkish Bath. The patient, if living, could be brought at 9 p.m. to-night, after the ordinary bathers have left the building. Having preferred this request, I must leave the Board to decide what course may be adopted, without my taking any part in the discussion."

As may be supposed, the request excited a good deal of antagonism. Considerable repugnance was exhibited by one Director, who argued "that if the public became cognizant of the circumstance it might do much harm ; objection would be taken to towels being used which might afterwards convey infected matter to some of those whom it was our duty to protect from such contamination." This was the strongest argument I replied as follows, viz. :—"This request by the medical authorities of the Infirmary is one made in the interests of science. If we reject the application the public may condemn our action, because we can safeguard our bathers by adequate precautions. As for towels, why we can use those worn-out remnants we have discarded, and we can douche the floors and slabs with cold water. If you accede to the request I will personally undertake to see the arrangements carried out in such a manner that no mishap can arise to any person." With this assurance the request was agreed to. It was 5 p.m. when the Board broke up, and the patient was to come at 9 p.m.

I sent for Tom, as fine a specimen of a shampooer as any bath could produce. "Tom," I said, when he came in, "we have agreed to give the Turkish Bath to a hydrophobic patient, a boy from the Infirmary, at nine to-night —that is if he live so long—dare you shampoo him? If you object, I shall come down and shampoo him myself." "That is good enough for me, Sir ; what you dare to do I shall not object to do." "Have you any

scratches about your hands or arms?" "None whatever, Sir." "In that case you are safe from injury." "Observe then," I said, "when he comes in, strip him, rub him from head to foot with soft soap, then give him a warm needle bath, reducing the temperature not lower than 50°, just to get his skin into working order. Take him into the hottest room, previously increasing the heat as much above 212° as you can; keep him there till he perspires profusely. Let him remain, if his strength admit, for forty minutes—with a warm wash-down between—then shampoo, kneading the skin thoroughly, and finish off as with an ordinary patient. He must have as much cold water as you can persuade him to drink. Do not be afraid of his bark, but see he does not bite."

I left instructions about using old towels, and cleansing the bath after the patient had gone away. Needless cautions. No infectious matters can survive the action of the Turkish Bath.

The lad turned up about nine p.m., in charge of two hospital attendants. The continued "barking like a dog" startled Tom at first, but he soon accustomed himself to this feature of the disease. There was no difficulty in administering the bath to the patient, and he drank copiously of cold water. From his entrance to his departure, Tom observed to me "Sir, I saw he could be cured from the first; each successive five minutes did its work, and the depression, the weakness, the throat symptoms, had all given way considerably before he was shampooed. I never saw such a change upon a patient in my life. Shampoo, cold bath, and rest in the cooling room did wonders. He was half cured before he was removed to the Infirmary."

Carradice was bitten by a neighbour's dog in May, 1879, but no unfavourable symptoms were observed till January, 1880. Dr. Forsythe, of Birstal, treated the boy for Hydrophobia. However, on the 29th January 1880, the doctor pronounced the case to be one of Hydrophobia, and as the fever increased so rapidly he advised the parents to allow the boy to go to the Leeds Infirmary with the least delay possible. Mrs. Carradice took her son there on the 3rd February, and when she arrived the House Surgeon, Dr. Brown, confirmed the opinion of Dr. Forsythe. During the day several other surgeons saw the patient, and anticipating the boy's death before the night was spent, the mother was not permitted to return home. On the following day the patient's symptoms increased in severity; and I believe it was in the afternoon of this day that the request of the medical authorities was submitted to the Directors of the Bath Company.

On the two following evenings to that on which Carradice had the first bath he had a second and third bath which established a thorough cure. The boy went home restored to his usual health, and has had no recurring symptoms since.

About 10 days after this cure, I met Dr. Scattergood and fully expected his congratulations on the success of the bath. In lieu thereof he minimised the effect of the Turkish bath, and ended his remarks by saying, "We have come to the conclusion that the boy's case was not one of genuine Hydrophobia." "Then," I said, "Am I to understand that Dr. Forsythe, Dr. Brown, Dr. Eddison, and the other surgeons who saw the patient were all wrong in their first diagnosis? But," I continued, "what about the well marked fever, the snapping and barking?" "Oh," he replied, "those symptoms have been observed in another form of fever." "In one instance," I said, "but that was only based upon the idea that neither the patient nor his friends ever knew that he had been bitten by a dog. That was no proof. Possibly the man had not been bitten. He might have had a sore on his hand licked by a dog suffering from incipient Hydrophobia. It is, to my mind, an utter absurdity to suppose a fever patient could exhibit Hydrophobic symptoms in the ab-

sence of Hydrophobic contamination. But in this instance the lad was known to have been bitten by a particular dog, and the circumstance was a source of alarm both to the patient and the members of his family." "I am not here to argue it out with you. I only tell you what the medical officials say on the subject." "Just so," I replied, "I am not surprised at their attitude ; they dare not concede a great success to sanatory remedies ; it would not be professional." The doctor was nettled by my observations.

Some few weeks afterwards, in my absence, a second case was sent to the Baths, when the patient did not recover. He only lived to have one bath, and on account of his depressed condition it was a very indifferent test. When I asked Tom how it was, he answered, "Sir, they did not give me a chance, it was too late—the man was more dead than alive when he came." "That was so, was it," I enquired ? He said, "That was it, Sir."

On the 14th March, 1880, Dr. Scattergood asked if I would treat a Hydrophobic Dog. "Yes," I replied, "Certainly. Bring the animal in a wicker-work basket." I called the Directors together hurriedly, and obtained their sanction to the experiment, provided it was done under my own supervision, The dog was to be at the baths at 9 p.m., but it was nearly 10 o'clock when the doctor called to say he had just seen Dr. Eddison, who informed him that the animal was dead. To be certain of its death in the bath the poor beast had been nursed too long ! I suspected that was the true state of the matter.

Not thinking I should ever require the history of Carradice's case I neither kept the boy's name nor his address.

In the early part of December, 1889, passing through Leeds, I called at the Infirmary and requested to be furnished with the lad's name and the date of the above occurrence. I saw the Ledger Clerk who had been in that position many years. He said, "I cannot give you either one or the other." "Why," I asked. "Because," he replied, "We believe the boy was shamming Hydrophobia. We did not think it a genuine case." "What a strange belief," I said, "your medical officials never entertained that belief till the boy was cured by the Turkish Bath, and so, rather than admit the marvellous effects of sanatory remedies, they are willing to believe an impossible thing, viz., that a child of respectable parents should feign Hydrophobia and impose upon his family doctor, and all the Medical staff of the Infirmary ! Surely," I continued, "you should think twice before giving me so crude an answer." "I have nothing more to say," he retorted, and I left without any clue to name or residence.

I remembered that the boy came from Ardsley, near Wakefield. I went to Ardsley station and began my enquiries. Post Office and public-house could give me no information. At length an old man on the road said he thought the boy lived at Drighlington, and that his father was a lay preacher among the Primitive Methodists. Drighlington was distant some two or three miles away. I walked up to the chapel keeper, who gave me the address of Mr. Isaac Jackson, who was a friend of the Carradice family and had recently visited them at Long Preston, to which place they had removed.

I wrote to Mr. J. Carradice asking him, in the interests of science, to give me the particulars I required. The following is a copy of the reply, viz. :—

"Long Preston,
December 13, 1889.

Dear Sir,—In reply to yours of the 11th in reference to our son. He commenced to be ill on Thursday, Jan. 29th, 1880, and was taken to the Leeds Infirmary on the following Monday. He was bitten in May, 1879, by a dog belonging to Mr. Ferrett, a neighbour, and it was des-

troyed when John commenced to be ill, altho' it seemed all right. Dr. Brown was House Surgeon at the Infirmary, and he, and many others of the doctors, said it was Hydrophobia, as there was every symptom.

I went with my son to the Infirmary, but not to the baths. I was there all night, as the doctors did not think he would live through the night.

Mr. Forsythe, of Birstal, was our doctor, and he said it was Hydrophobia without doubt. However, you know the result. We wish you every success, believing the baths saved him. I am,

Mr. J. Pickering,
London.

Yours respectfully,
J. CARRADICE."

I claim the above as an authentic cure of a bad case of Hydrophobia. If it is disputed by the medical men whose names I have given, and who are now living, I undertake to cure Hydrophobia by the same means as often as cases are submitted. I challenge the trial, either in Leeds or London.

When an individual is bitten by a dog, bathe the part with the coldest water obtainable, and then, to ensure perfect safety, go to the nearest Turkish Bath, temperature between 200° and 300°, and follow the routine as contained in the above Relation. Hydrophobia will never trouble the patient after that.

If a patient is threatened with Hydrophobia, having previously taken no steps to expel the poison, let him go through the Turkish Bath process above described, and do this on experiencing any pain or uneasiness in the neighbourhood of the member or part affected. I promise a cure.

In the argument that the Turkish Bath offers a radical cure for Hydrophobia, I do not rest on this one experience, although, to my mind, it is conclusive. I depend entirely (1), on my knowledge of the curative agency of the bath, destructive of every form of organic life; (2) on the amazing power I see in the skin system to eliminate morbose material tainting the blood; and (3) in my faith in God's goodness in providing a universal remedy for the commonest of all disease conditions—blood-poisoning.

Carradice's cure was as nearly allied to the miraculous as anything I have seen or heard. That he was feigning Hydrophobia was an impudent suggestion, the last bold resort of offended dignity. What the science of medicine could find no remedy for, it was too bad to admit that a breath of hot air and a douche of cold water could accomplish with comfort and certainty. Professionalism was the crouching

lion in the path. When sanatory remedies are naturalised, profes-sionalism, like an extinct volcano, will soon pass out of memory.

If Hydrophobic patients, immediately after being bitten, were to submit themselves to the action of the bath, no fever symptoms would supervene. No possible harm could arise,—the specific poison being eliminated.

As a cure for Hydrophobia, the cold pack and the after treatment, or the hot blanket, and the subsequent cleansing of the skin, would be equally efficacious as the Turkish; still, where the Turkish can be obtained, I think it is more preferable than the other methods referred to. Nature is lavish of her remedies where honest effort conducts experiment.

Pasteurism is an unmitigated sham; it is a failure; it is only the boldness of its principal which keeps the practice alive. Bacon says: "Wonderful like is the case of boldness in civil business. What first? Boldness. What second and third? Boldness. And yet boldness is the child of ignorance and baseness, far inferior to other parts; but nevertheless it doth fascinate, and bind hand and foot those that are either shallow in judgment or weak in courage." Men love shams; women hate them.

I make bold to predict that with the Turkish Bath intelligently administered, no future Lord Doneraile, or other less distinguished patient, can ever die of Hydrophobia. Nothing would please me better than to receive a challenge from Pasteur to test his remedy and mine before a specially appointed committee, and upon conditions to be agreed upon between us. Acceptance of that challenge, so far as I am concerned, is a dead certainty.

If the Turkish Bath is a perfect remedy for Hydrophobia the most fatal of all fevers—as I urge it is—can any one be surprised at the confidence I have in that means when applied to fevers under greater control, such as Smallpox, Typhus, Typhoid, Scarlatina, or Measles?

Why send a hydrophobic patient to Paris when he can find a more convenient, more natural, and more reliable cure at home—at a cost of three times one shilling and sixpence!

Professionalism decides the issue in favour of Pasteurism; this is the bone of contention between man and nature, and until that bone

is removed out of the way, sanatory science has no chance of distributing the blessings which she holds in both hands, and which are reserved by her for "the healing of the nations."

Physic has no remedy for Hydrophobia, and in his desperation the physician, following a blind impulse, rejects the help of nature, turns his back to the living God, trusts for relief to the poisoned lancet, and to one whose aspirations in the halls of science are addressed to "a white rat," or "a guinea-pig." Science in Europe in the nineteenth century, worshipping at the feet of "a rabbit" or "a white rat!" In her most debased estate Egypt never went so low as that—serpent or crocodile did exhibit some trace of a nobler instinct. The symbol in the hands of the Greek Æsculapius is a serpent gracefully coiled round the rod of authority. A French *savant* has persuaded our modern Æsclepiades that their new divinity is poised on the four legs of "a rabbit" or "a white rat." What next?

In stating that for Hydrophobia the hydropathic pack, and following treatment, or the Turkish Bath, are the true and safe remedies, yet these should be administered by competent hands. Hesitation in the conduct of the individual in charge, arising from fear, nervousness, or apprehension of consequences—if the remedies should fail—would probably terminate in disaster. Nature's appliances will always succeed, if the practitioner have faith in their administration. He must not be diverted by any suggestion that a little medicine is a great help—an arnica globule, a wine-glass of meadow sweet, a dose of calomel or quinine. Cast these things to the dogs! Mere quackeries and human devices. Get quit of them anyhow—only do it quickly. One command has travelled through the ages; it was issued for the guidance of humanity, viz., "Wash and be clean." "Oh," you may say, "that is very well before dinner or an evening party; but surely it cannot avail for a mortal disease like Hydrophobia." Oh, yes, it will; try it. All blood poisons are the concentrated essences of dirt and filth, the products of uncleanness.

Hydrophobia in the dog is a filth disease. In hunger, the brute ate some morsels of putrid flesh; in thirst, it drank some polluted water; or it was bitten by some other dog which contracted the disease in the way above described. Hunger and thirst alone will produce this fever.

Dog-muzzling is a foolish expedient. Directly the muzzle is taken off, and the dog is subject to the above depreciative alternatives, Hydrophobia will break out again in its malignity. The only safe remedy is to see that whosoever keeps an animal shall be responsible for its feed, and if Hydrophobia is developed, the owner shall be liable for any damage it may do. No animal, dog, cat, horse, or cow, need be slain to save it from dying of Hydrophobia, Rinderpest, or Foot-and-Mouth Disease, or other fever. The cold water bath or the Turkish Bath would prevent this useless and cruel slaying of poor beasts ; but men are so slow to trust in simple remedies. There are men who would sooner send for a veterinary surgeon to condemn an animal, and go through all the forms necessary to obtain the value from county authorities, sooner than they would carry a pail of water a few yards to save a life. Just as there are men, and women too, who would stand by the bedside of a fever patient all the gloomy night, see him racked with pain and die in agony,rather than they would wash him with soft soap and warm water, and then administer a cold pail douche, and a good friction with a warm towel, when under such process the patient would not suffer a moment's pain, need not be put to bed, and could not die if he would. Such is the present aspect of things beneath the auspices of a medical system which lacks every element of vitality, and jeers at the very mention of remedies which are resultant forces beneficent in their methods, and as far beyond the reach of physic "as the heavens are above the earth."

In concluding this article, I urge—1. The hydropathic pack, hot blanket process, or the Turkish Bath, are safe and complete remedies for Hydrophobia, as well as for other fevers, including their complications and sequelæ, embracing so important a proportion of the total disease conditions of the country from year to year. 2. That for Hydrophobia the treatment, including Pasteurism, is a discovered failure, unhelpful, unscientific, and unnatural in its aims and results.

As to Tuberculosis and its Cure.

Tuberculosis, in its origin, is a disease produced in a great measure by two different sets of circumstances. 1. It attacks those who by

their labour are confined in ill-ventilated workrooms, overcrowded in stuffy bedrooms, or occupied for long hours together with head bent over chest, "stitch, stitch," for the livelong day. Tailors' and milliners' apprentices suffer most, as a class, from this disease. But we find it everywhere and under various conditions. 2. Tuberculosis in children follows on the heels of vaccination, and it is the sequelæ of fevers which are ineffectively treated. It marches steadily on in the rear of Bronchitis, Typhoid, Measles, Scarlatina, Whooping-Cough, etc. In the early stages, Tuberculosis is not difficult of control; but ordinary drug remedies in the possession of medicine, concentrated or infinitesimal doses, have no effect either in checking or curing this fatal disorder. I am uttering no libel now; it might have been so regarded twenty years ago. Public opinion has changed mightily during that interval. My book will be read by thousands; its sentiments will find their counterparts in breasts not suspected of entertaining ideas so advanced—perhaps medicinists will say, so heretical. Time works her changes by slow but sure upheavals; without observation the mole-hill becomes a mountain, and the sapling bursts forth into a tree wherein birds build their nests, and the weary rest beneath its shadowing branches.

Relation 46.

The following event occurred 35 years ago, but as an illustration of Medical treatment for Tuberculosis it is as valuable as if it had occurred last night. Physic has not taken one step in advance during the whole period. The subject of this sketch was a young gentleman of 28 or 29 years of age, and held a responsible position in a certain Railway Company under the departmental management of J. S. Forbes, Esq., now Chairman of the London, Chatham and Dover Railway Company. At this time new offices for the company were being built; the old ones were very low, badly ventilated, and for weeks together, in autumn and winter, it was necessary to use gas as the illuminant. Now, to a young man previously accustomed to fresh air and exercise, ten to twelve hours per day spent in such offices—he was anxious for promotion—was certain to end in the ruin of his health. This happened. Tuberculosis set in. He placed himself under the care of the late Sir Benjn. Brodie, M.D, and for nearly three months paid him a weekly visit—a guinea on each interview. At length that physician, seeing no effect was produced, addressed him thus, viz.: "Sir, I am sorry to say I can do you no good. I have tried acids, alkalies, and salivation, but all have failed. I advise you to go down to Hastings for the winter. You cannot recover; still your life may be prolonged by residence in a warmer climate. The right lung is a source of danger at present, and the left lung may at any time become involved. When that occurs the disease will be speedily fatal." After this speech, by no means very consolatory, our consumptive went to Hastings. Pain at the top of the right lung increased; coldness of the extremities and night sweats, a fixed and teazing cough, accompanied by a discharge of mucous, were always present. The throat was very much relaxed, and the tonsils were enlarged.

In the spring of 1856 he turned to his native county, Yorkshire, and consulted Dr. Wm. Hey, of Leeds. At the first interview he said, "Young man, with a throat like yours, life is not worth six months' purchase. You had best go back to Hastings, and stay there; you can't get through another winter." From Leeds he went to Scarbro' to consult Dr. Harland, who was held in very considerable repute for his treatment of Tuberculosis, Pneumonia, and Phthisis. That winter he passed under the care of the above-named party, but without receiving one iota of benefit. Two years had now been occupied, at great cost, under medical superintendence. Tuberculosis assumed its most aggravating symptoms,—losing strength, an impoverished circulation, with intermittent palpitation, sometimes lasting through half the night, difficulty of walking uphill, the absence of all desire for mental application or bodily fatigue, made life undesirable.

At this juncture a friend, who had recently returned from Malvern, spoke in such high terms of his cure, an obstinate asthma, under Dr. Edward Johnson, that he persuaded our patient to write to the doctor thereon. A detailed statement of his case, much fuller than the one above, was transmitted. In reply, Dr. Johnson said, "Come at once, you will soon be as sound as ever you were" He went the next day, early in April, 1857. Snow was on the ground 6 in. deep on the hills near Ellerslie House. Dr. Johnson had his new patient "stripped to the skin," examined him thoroughly by every known test, and he said to him, "Sir, your lungs and the system throughout are clogged with poisoned blood, the consequence of your work in overcrowded and ill ventilated premises. Your lungs are as sound as mine are, and in seven days," turning round and pointing to the almost perpendicular hills at the back of his residence, he said, "You see that hill, from the top of it you take in the scenery of 4 different counties,—yes, without stick or assistance you shall walk there and back within the next seven days."

In spite of physic and prophesy our Tuberculosic stricken patient commenced Hydropathic treatment at 5 a.m. the next morning. His shirt doubled up to his armpits "Will" entered, and in rough tones, it was only his manner, demanded, "You are the last in and must be the first up—it is the rule in this establishment"—so filling the bath and a pail at the side with water at about 37° he said, "Now, sir, jump in." First, a good wash with towel, with another curt request,—"Now, Sir, take that towel and rub your chest and thighs, whilst I operate on back and legs." This done, the caution, "Hold your breath, Sir," and down came the pail douche on neck, chest, and back. After another good rub with bath towels, our bathman, in encouraging notes, said, "Up you get," and throwing a big warm towel sheet which covered him completely, resting its folds on the carpet, he scrubbed his patient till a splendid reaction appeared from the *os frontis to the tendon of Achilles.* This man, deeply versed in his duties, had one more command—"Leave off those flannel shirts, throw that hare-skin into the dust-bin outside, put on shirt, trowsers, waistcoat and coat, nothing on your neck, drink a glass of spring water—two if you like—and off you go for an hour's walk, not too fast at first; don't weary yourself, measure your strength, and be back for breakfast at o'clock."

This was Hydropathy before it had got toned down by Smedley and his later contemporaries.

On the third day our patient walked over the hills, having no Alpen-stock, and left Malvern on the fourth day, perfectly restored to health. He took it into his head not to die that winter; he is living yet, and as likely to live another twenty years as most men of his age. He can shoot over the Westmoreland Hills, leaving Brough at 7 a.m., walking three or four miles to the first drive, keep up with his party till 7 p.m.—

he is twenty years older than the oldest of his companions, walks back to the traps, survives a wetting to the skin or two, the drying of his clothes on his back, taking no cold, and then a drive to Brough, a good dinner at 9 p.m., a game at whist or a charade, and "sleeping like a top" he awakens when dogs and men are on the stir at 6 a.m. for the next day's work. This is the hero of our story, the man whom physic condemned to die during that winter of 1857, and if he had remained under physic the prophecy would have held good—no doubt on that score—and this tale he had never lived to tell.

Physic has no dealings with Tuberculosia, only to take its cash and yield nothing—not even a blessing—in return.

Nature, and nature remedies, can alone cope with this, as with all other diseases which, in their origin and continuity, are due to blood-poisoning as the first cause.

Koch's immune, like the other immunes of Bacteriologia, was a total and unmitigated blunder. Notwithstanding the absolute uselessness of his "Brown Mixture"—worth nothing to man or woman—Dr. Koch was patronized by the German Government and the German Emperor. All such efforts are sure to collapse. Scientists speculate on the general iguorance of those by whom they are surrounded. God in his superabounding wisdom has ordained a certain means for the attainment of a certain end, viz., the cure of fevers—blood-poisoning—the destruction of germ or organism invading the circulation ; and beyond that he has constructed and adapted a function the fifth important function in the organization of man, and he charged that function with the burden of eliminating the dead material, and thus effecting a radiant and wholesome cure,—a cure performed by the simplest of all agencies, at the least waste of time, and certainly the most inexpensive that supreme intelligence could have devised. There is no other remedy for fever in the wide domain of this universe—there needs no other. The one which God has given to man is perfection embodied. Perfection is not a step, a degree, it is a focus where all His attributes have converged and transformed that ordinance into a law as fixed and unchangeable as the beds of Himalayas, Andes, or Alps. Men may seek to escape the operation of order and law in the physical world ; they may compass the surface of the globe from East to West in their eagerness to find a specific or antidote, but failure will write itself large on every effort, and although men go wrong for century after century, it is as certain as that day succeeds night, the tired brain will look God-ward at last. Nature is the great physician. The brightest day yet in the storehouse of the future for mankind, is the day when a statement often made half in jest shall be fully acknowledged—when the quackeries of physic, including this last worst phase of it, viz., Bacteriology, shall have been displaced by better substitutes in those great sanatory appliances within reach of all the peoples of the earth without regard to race, language, or geographical distribution.

The Physician has no remedy for Tuberculosis.

The safest cure, and the speediest, remains in the possession of sanatory science.

When the German Professor introduced his specific, the "brown mixture," he distinctly stated that his invention was only operative during the early stages of Tuberculosis, but that when the disease had, by carelessness, mismanagement, or lapse of time firmly fixed itself upon the constitution, his remedy was then of no value. The obser-

vation must apply more or less to every remedy, but the very object of an early stage is educative to the patient as well as necessary to the progress of the disease. The period of invasion in a fever is the first process, the starting-point in its progress ; it is more than that, it is the voice of nature saying, "Now is the time to apply a remedy—not a moment should escape unimproved." It is at this juncture where I differ with the whole profession. Their argument is precisely the same as in fever—"the disease must run its course." I join issue and say that in the hands of Sanatory Science no fever or disease must "run its course." Tuberculosis, Phthisis, Pneumonia, Bronchitis, and other diseases have a particular "course to run,"—granted, and the Medicinist allows them all to perform their tasks without respect to circumstance, condition, or remedy, even when that choice is limited to two points, disease and death. He cannot help himself. He is the solitary workman in this world's great workshop without tools, without plans, without instructions, and without confederate, what can he do? Nature is ranged against him, and in the open field where is the man able to cope with such an adversary?

Patients suffering from Tuberculosis are at this moment consulting physicians here and there, with a note-book full of prescriptions yet finding no relief, worn down with pain and prostration, seeking death at death's door, when three or four days' treatment by the nature cure would be to each a renewal of health—earth's paradise regained.

For Tuberculosis I claim that the Cold Water Cure, or the Turkish Bath, I give the patient his choice, are nature's best remedies ; they never fail when their aid is sought during the early stage, and in the later stages this remedy still holds the first place. At no stage is the drug treatment of the smallest use.

I have restricted myself to one Relation for the three diseases, showing the conspicuous effects of the nature treatment, and that does not arise from the paucity of cases at my command, but from the limited space at my disposal. At p. 65, Relation 8, I give a cure of Smallpox under my own superintendence — it was the worst case that ever came before me, and it turned out one of the best cures.

Permit me briefly to review the Open Air Treatment, Hydropathy

or the Cold Water Treatment, and the Hot Air or Turkish Bath Treatment.

The Open Air Treatment of Fevers.

Patients in hospital or private practice should have as much fresh air as it is possible to obtain. Besides being necessary for oxygenation of the blood, the oxygen is a destructor to germ life. There was a discussion on this subject in Leeds in 1870. Dr. Clifford Allbutt, then of Leeds, gave some trenchant evidence in a letter to the *Lancet*, and which letter also appeared in the *Leeds Mercury* of August 1st, 1870, and I cite the following quotations as worthy of note, viz :—"I read your paragraph in the *Lancet*, of July 23rd, on the open air treatment of disease. You refer more especially to the treatment of Typhus Fever in the open air. I have for some years been endeavouring to urge this upon the profession, and I was, I believe, the first to draw attention to the plan, or, at any rate, to carry it out systematically." "I had then the charge of the Fever Wards in the Leeds Fever Hospital, and I was gradually led by experience so to increase 'ventilation' that at length I had the windows in all the wards fastened by nails, so that they could not be closed. During the whole of the winter of a severe Epidemic of Typhus we had open air in the wards, so that the nurses had to wear bonnets or other head-coverings, and the breezes played freely about the beds. You will see from the statistics that the mortality was remarkably lessened, and we never had any chest or other internal complications."

Now this is remarkable testimony, concise, clear, and to the point, but Allopathy has no interest in any treatment infringing upon Nature's remedies. A new poison, an oxide, sulphide, or a bromide, it matters little if it be poisonous, is sure to create a stir in medical circles ; whereas any new idea based upon common sense, or sanatory science, is sure to meet with vigorous opposition.

The open air treatment of Fever is nothing new. To use a colloquial expression, "it is as old as Adam." Nor is it peculiar to England. On the contrary, we hear of it in ancient times. In Hindostan, twelve centuries ago, it was the custom to subject the

patient to every wind that blew, and even when the fever was at its height, the patient was allowed to repose on a mat at the door of his tent. In addition to this, it is said that the very things which people in health mostly loved, such as cooling fruits and drinks, ablution in the sacred streams, and exposure to free currents of air, were recommended by the Brahmin, who, in his day, was both priest and physician, as the best remedies, and if historical references can be relied upon, it was attended with considerable success. After the lapse of so many centuries, it is most humiliating to reflect how widely we have strayed from rational and sanatory treatment.

Dr. Allbutt says, "the mortality was remarkably lessened, and we never had any chest or other internal complications." A diminishing mortality and no Phthisis, Pneumonia, Tuberculosis, Diarrhœa, or Atrophy, and yet the Physicians of the Local Government Board, for they must have seen the *Lancet*, would have none of this new-fangled neology.

I have heard of Indians who, sensitive of fever symptoms, set off for a long run till they were dissolved in perspiration, and then plunged into the river, and thus, in the open air and the coolest stream, drove back the fever and nature resumed her healthy duties.

Some few years ago a young city merchant returned to his country house out of sorts, and as he had important engagements for the next two days, he sent for his medical man who pronounced his symptoms to be those of fever, what kind he could not say, but he advised his patient to go to his room and lay up. "Not if I can help it," he replied. The doctor left him, repeating his advice and saying he would send some medicine immediately on his arrival at home. No sooner had the doctor's footsteps died away in the hall than the patient dressed himself lightly and rushed out into the fields. It was a cold frosty night, snow was on the ground, and a bitter north-east wind, good for neither man nor animal, shook the leafless branches both of tree and hedgerow. Regardless of such discouragements the patient walked on as if life depended on the effort. At 2 a.m. he discovered a landmark which showed he had covered a distance of ten miles. He turned towards home, keeping up the pace as well as he could, and arriving there between 4.30 and 5 a.m., he hastened to his bathroom, had a cold bath, a skin brush, and hastily writing the

instruction, "Don't call me till 10 a.m.," he jumped into bed and quickly fell asleep. When the doctor came at 11 a.m. it was to hear a brief description of the night's adventures, and to learn that his patient, with that promptitude which always distinguished him in business, was running through his appointments as if no difficulty had beset his path.

When I found my second son in measles, after he had been in bed for three nights and two days, I had him in the pack by 10 a.m. the next day, and after a pail douche and a good scrub, I sent him downstairs for breakfast. Early in the morning of the following day, after his pack, I accompanied him for a walk. My oldest daughter, by way of rebuke to me or to dissuade her brother called out to him, "I would not be you, Noel."

These three Relations are instances of the open air treatment of disease, and so far as they go, they emphasize the importance of sanatory science in the general conduct of fevers. A physician once said to me (see p. 122), "he will be a bold man who will plead for their introduction." No medical man will voluntarily assume that responsibility. The "bold man" must come from the outside world. I am he, but I shall not plead, I shall lead the way. It is too late in the day to argue. Business first, pleasure afterwards.

Hydropathy, or the Water Treatment.

Even in our own country, and up to the first quarter of this Century, there was scarcely a village or a district without its tradition of a well or stream noted for its healing power. Wells or streams they generally bore the name of some saint in the calendar and of some saints which failed to be canonized however much they coveted the distinction. Of the former we had St. John's, St. Peter's, St. Ronan's, St. Chad's, St. Mary's, St. Ann's, and St. Winifred's; and of the latter we had Mother Pugsley's at Bristol, Unite's at Lichfield, Harrison's Bath in Somersetshire, and Stanley's in Grippy Wood near Ormskirk, and so forth. Although it was suggested that in some of them the cures were due to chemical agents in the water, iron, lime, or sulphur, it is clear to my mind that it was owing to the coldness of

the water only. Sir John Floyer [1] says he tested water and selected the coldest for his purposes. Bath and Wells both derive their names from the waters for which they were noted, the hot waters of the first, and the cold waters of the second as they came distilled fresh from the watershed at the foot of the Mendips. At Bath, Lichfield, and in Somerset the medical men of those times erected baths and conducted cures for all manner of diseases, and with remarkable results, without recourse to drugs. Cures included such stubborn diseases as Phthisis, Paralysis, Hydrophobia, Hemiplegia, Paraplegia, Gout, Rheumatism, Cancer; diseases of the bladder, liver, spleen, bowels, stomach, skin affections, and comprising Smallpox, Typhus, Scarlet, and other fevers. Patients comprehended Members of Parliament, the nobility, clergy, merchants, bankers, and each separate class down to the humblest labourer in the fields. Very many of the cases given are those where the ordinary drug practitioner had failed to do any good. One work, the best of its kind, from the pens of Sir John Floyer, a physician of Lichfield, and Dr. Baynard, of London, evidently a man of some position, was dedicated to the College of Physicians, denunciatory of the drug treatment and eulogistic of sanatory remedies—hot and cold water and fresh air; but the College of Physicians then, as now, was too much engrossed with professionalism, mere abstract professionalism, to listen to the charmer, charm he never so wisely.

A book of 400 pages, nearly every page contains the history of a cure under the "cold water" treatment. Had this work of Floyer and Baynard been limited to the history of the "cold water" cure, it could not have been more devoted to its object.

Priessnitz began his public career about 1826, and continued practising Hydropathy for 25 years. Comparatively uneducated, he wrote little, and that was limited to his correspondence. Priessnitz was a working bee. He cured disease, asking the captious to discover the why and wherefore. He believed in "cold water"; he was eminently successful with his patients; no matter how diverse were the diseases from which they suffered, nothing came amiss. With un-

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[1] "The History of Cold Bathing, both Ancient and Modern," by Sir John Floyer, Lichfield, and Dr. Edwd. Baynard, London, Fifth Edition, 1722.

bounded faith in the cold water, he excluded none from a full share in the benefits of his treatment. Medical students from all quarters of the globe resorted to him for instruction and experience, and this peasant boy left behind him a treatment which, under the new name of Hydropathy, is yet destined to accomplish still greater marvels of cure.

In the incipient stage of lung disease Hydropathy is a safe remedy; for heart affections, acute or chronic, this treatment has maintained its pre-eminence; whilst in the wider range of brain disorders Hydropathy disdains competition.

There is yet a field of disease, extending over a greater area than the above combined, where this nature cure is ordained to revolutionize medical practice. Of course I allude to the fever group of diseases—and "who can turn the stream of destiny?"

Weird as is the teaching of the faculty with regard to infection, we can expose the fallacy of it. By spreading more enlightened views, and by challenging experiment and offering proof in general practice, we may in time undo the mischief which maltreatment and defective teaching have wrought during the last three centuries.

Hydropathy has been in fair operation for something like 40 years, but its cost, requiring entire absence from business, the expense of a long journey, and residence in the Sanatorium, has rendered it attainable only to the wealthy, or to those of the middle classes who were able to bear the necessary sacrifice of time and money.

Hydropathy would speedily cover the whole ground of cure, if it were not for the disability which attaches to it in this, viz.: that it is regarded, to some extent, as indispensable for a medical man to be associated with it. Were it not for this sanatoriums would spring up all around. That peculiar feature in our civilization, viz., the medical supervision referred to, must be expurgated. What? Take from us the satisfaction of knowing that our medical men hold diplomas certifying to their efficiency? There's the mistake. A diploma is no such guarantee; it only certifies that the holder has been educated in Allopathic principles and dogmas; that he can write a prescription in dog Latin, and treat patients according to the Pharmacopœia. As to the latter part of this knowledge, of a truth he would in the interests of the public be much better without it. In Surgery it is more

essential that practitioners should go through a course of instruction and examination, but not so for fevers and the hundred and one trifling ailments which are to be met with everywhere. For such small matters a bathman, or a nurse, properly trained, would meet our needs, and by cutting out the drug treatment, save much pain and suffering, and restrict the mortality of the people within reasonable limits. Many of the ills treated of are produced by the poisonous substances prescribed as remedies.

True, we know little of the singular effects of the water cure upon the fevers, and this is accounted for, as before referred to, because such cases are not received by those who have charge of Hydropathic establishments.

I maintain that the water cure for fevers would produce more successful results than I dare to predict, or than my readers would credit. I affirm that fevers would yield to sanatory appliances sooner than Brain, Lung, or Heart affections; that the latter do so yield to Hydropathy we have abundant evidence. I have frequently observed the amazing power of sanatory treatment in Smallpox, Scarlatina, Measles, Bronchitis, Tuberculosis, Whooping-cough, etc., and I argue that a remedy to be true and efficacious must be uniform in its action and results—good for one disease and for one individual, it is good for all. A remedy which claims a divine origin—Hydropathy distinctly prefers that claim—must have this characteristic deeply graven in it. Hydropathy meets every requirement, and it is the only system which does so.

The theory of the proud Syrian who thought Elisha would come out to him, call upon his Gods, strike his hand over the place, and recover him of his leprosy, is a theory having many copyists in our day. Theorists, such as Naaman, believe when they are smitten with a fever they have only to go to a doctor who will give them something wrapped up in paper, Calomel, Quinine, Antimony, Iron, Zinc, or other dangerous preparation, which has only to be swallowed to obtain an eagle-winged cure. To such people I would say, do not encourage that idea for another moment; it is a fallacy. Medical men have no cure for any of the fevers, and they admit their object is restricted to this, viz.: "to conduct the fever to a favourable termination, or to ward off intercurrent disease." They just might as well say, "we can-

not check the leak of a reservoir, but when the walls have fallen in, and the waters are pouring in a mad torrent down the valley, our object will then be to conduct the stream to a favourable termination, and to ward off intercurrent disaster." There is no conducting or warding off within the range of medicine. The treatment of fevers from its earliest stage to its latest, when it glides off into fatal complications, is one it were better to change as soon as we can, if we would stop the plague of suffering and death by which we are encompassed.

Take a fever case in the early stage—each fever should be taken in that stage—its course can be checked in a few minutes by a cold bath at 36°, or the Turkish Bath at 200° to 300°, and the patient's recovery is ensured straightway—there is no "conducting" or "warding off" required, nature does that. Withdraw the heat from the body by reducing the temperature, destroy the life of fever germ or organism, eliminate the dead material, and nature will do all the rest. Hydropathy holds the master-key in her own hands.

But it may be asked, "How are we to get the fever cases under our treatment during the first stage—Invasion?" Whilst I admit the difficulty, it is one which can be surmounted by a course of instruction. With the upper and middle classes the process will be mechanical, that of a card giving the early symptoms of each fever, and urging immediate action. In the instance of the labouring classes, and those lower in the scale of society, education will be slow, and the benefit might not be seen until the next generation will replace the present. In every School throughout the land, for both sexes, I would have Lectures on Sanitary and Sanatory Science; copy books should have copies headed with aphorisms which would cling to the memory and affect the future life, such as the following, viz.:—"Cleanliness of house and person are essential to health. All fevers are filth diseases, and are preventable. The early cure of fever depends upon attention to first symptoms. First symptoms of fever are notice of impending mischief. Fevers under sanatory treatment are easy of cure. Fresh air, day and night, is indispensable to health. Simple food, warm clothing, and good shelter, are necessary for all. Fever is due to blood poisoning; keep the blood undefiled. Avoid tobacco and alcohol; they are slow but certain poisons. Good ventilation in kitchen and bedroom is essential to life. See that your drains are properly constructed.

Remove quickly all decaying animal or vegetable matters. Cleanse the skin from impurities. Nature is the great Physician, trust her. Overcrowding in rooms deficient of pure air is to be avoided. To resist disease conditions the natural vigour of the body is the best preventive. Epidemics remove the diseased lives ; safety is in health."

With an educative system of instruction on the above plan well conducted, we may be enabled to strip epidemics of their malignity, and fevers of their fatalities, besides the advantage of raising up a people unplagued by heart, lung, or brain complications—thus developing a strong and healthy race.

A leading objection presents itself,—"How can we bring the masses within the operation of sanatory remedies?" Only by having district sanatoriums built and placed under popular management and control. It is early in the debate to go into matters of detail on the present occasion. I see no difficulty in the way of its accomplishment. The only question is the money, and a health-rate would cover the cost without being a burden to the people.

My pressing obligation is to show that physic, using that word not as a term of reproach, but as a synonym for the faculty, has no relation to disease-causes, or to man's physical constitution, and that the true cure for the great fever group of diseases is to be found solely in sanatory remedies. I have adduced evidence of incapableness to cope with Smallpox, Measles, and the other eruptive fevers. I lay stress upon the argument that a system which is non-effective when applied to eruptive fevers is equally powerless when directed against fevers non-eruptive ; and further that physic, being inoperative to effect a cure for the fevers, is at the same time inadequate to perform a cure for any other of the diseases which afflict humanity. Physic produced its last resources in Pasteurism and Kochism ; the system is a failure ; and we have a better means within reach, a diviner system, and a supremely honest cure.

Hydropathy has the means within itself ; this remedy, disencumbered of artificial aids, is immediate in its action as it is permanent in its effects.

Hydropathy disarmed opposition when the advocates of that system devoted their energies to cure the worst cases first, those where there were disorders of heart, brain, or lung. The treatment performed

miracles of cure. And now I propose to invite Hydropathy to treat fevers where the cold water and the hot air will be so advantageous to the patient. My brain burns to be in at it. My fingers are impatient to grasp the instruments of war, to guide the bathman and to direct the shampooer. I have seen nature at work in both departments. Her resources are infinite. What? is he at whose feet the lightnings play, saying "Here we are to do thy will," helpless to provide an agent in nature destructive of the malicious designs of a microbe or a germ we cannot see without a microscope? Would you test their strength? If so then turn the cold water tap, or the hot blast, on to these minute organisms and they perish like the ephemera which, born at sunrise, die at sunset. The Bacteriologist wastes his days and nights in investing these degraded organisms with an importance which does not belong to them, seeing they have so little power to affect a healthy life, and that they do not originate, but appear on the scene only during the recession or exhaustion of the fever.

Regarding Hydropathy as the one true remedy, in severe as well as mild fever cases, I mention the two following instances by way of illustration. The first case has never appeared in print before; the second has, but my notes were taken *viva voce* antecedently to my seeing the narrative in type.

Relation 47.

I am writing nothing here which can do harm, seeing that the parties connected with it have been deceased many years. Being at the Hydropathic establishment at Malvern, under the charge of the late Dr. Edward Johnson, he said to me one day, "I had a singular experience of the *extreme cold water cure* some years ago. A lady wrote to me from the West End of London, saying she would be down the next day for consultation. She arrived in due course. She was wrapped in flannel from head to foot, and she was so susceptible of cold that her house was heated to 70 degs. of heat all the year round. The handles of her knives, forks, and spoons were covered with flannel. When she drove out, the windows of her brougham were tightly closed. Life to her was not desirable. Friends were few but sympathetic. She had been in that state for years, and her physician's account had seldom been less than £300 per annum! The patient was as good as an annuity to the Medicinist. She had not tasted anything cold, food or water, during the whole of the period. Had she not been a wealthy woman, the treatment had been impossible." "Well," I enquired, "What about the cure?" "Oh," he said, "I made a complete cure in about ten minutes. I will relate how I did it. I had a bath which had been hewn out of the rock, containing water distilled from the hills several degrees colder than I could obtain by any other means. I had accustomed myself to have a bath there every morning. I arranged with my bathwoman that she was to show this bath to my patient, and that whilst inspecting it both were to stumble into it head

foremost. It was a great risk I admit, but I had confidence in the venture, and it turned out splendidly. No persuasion I could have used would have induced my patient to submit to a shock like that, and yet it was necessary beyond the shadow of a doubt. The skin had been attuned to a point so extraordinarily susceptible that a breath, not a blast, of cold air, produced shivering, head and throat complications, and the poor lady, as a rule, spent six months out of the twelve in her bed-room; mild treatment in such a case would have been so much labour lost. I effected a perfect cure, in no time. The end justified the means."

"Have you had other similar experience showing that extreme measures are occasionally advisable?" I asked. "Yes," he said, "I was on the Continent some years ago, and whilst there I received a wire saying that my wife was dangerously ill under an acute attack of puerperal fever. She had not been properly treated, or she could not have got into the state in which I found her. I travelled home post-haste night and day. She had passed the crisis of the fever, and lay perfectly unconscious. Snow was on the ground six inches thick—in some parts of the garden it was drifted to a depth of two feet. I sent the bathman for a few pails full of this snow. I then placed a mackintosh under the patient, and rubbed the body with the snow until I had reduced the temperature to its normal point; then I used a warm coarse towel and finished by wrapping her in a warm blanket, and I put several blankets over her, tucking them in after the manner of a pack. Within a few hours after these severe means had been put in operation, consciousness returned, and in the end I had the satisfaction of seeing my patient gradually recover." I said, "You argue that hydropathy can control fever, then do you include puerperal fever along with common fevers?" "Yes," he answered me, "no patient should die of puerperal fever, under hydropathy."

When the lady, the subject of the first Relation, told her physician that she was about to place herself under hydropathy, the "duly qualified" besought her not to run the risk, and he wound up by adding "Madam, it will assuredly kill you." So little did he know of the cold water remedy. Under the "benign" action of nature's own distilling, cold water, she obtained life, not death.

"Why do you not publish such cases?" I earnestly enquired. "Young man," the doctor retorted, "when you are as old as I am, and have seen as much of the world, you will have learned with me that he is a wise man who knows how to attend to his own affairs, and to allow his neighbour to do the same." "And so," I ended the narrative, "The world is to go on at this jog-trot pace until the people discover, of their own sharpness, which is nature's true remedy!" "Here," he said, "you are within pistol range of the truth; be content."

Nearly thirty-five years have rolled away since the above conversation. Physic has made no approaches to hydropathic practice, nor will it ever do so. The two are incompatible and antagonistic. Physic will continue to show itself insoluble in water! The crucial test will arrive when the masses of the people, appreciating the relevancy of the water cure, and the irrelevancy of the drug treatment, shall, by a general plébiscite, decide which of the two systems will ultimately gain their confidence. There hangs upon that decision the lives of millions!

Men who think out new methods of action, who propose new theories, who invent new appliances or improvements in existing machinery, are not always endowed with the ability to describe their inventions, or to interest the public mind in their views and undertakings. It may be so with the present writer, so that in issuing this volume the reader will be called upon to excuse many defects, some inaccuracies of construction, and a few tautologies here and there. It must be remembered to the author's credit that he has had few sources of help he could draw upon; that the subject is not popular, and that his auditors are not all prepared to consider or accept the conclusions submitted for their consideration.

To attack a system of treatment like that of medicine in the heyday of its power requires considerable resolution, and is sure to excite much adverse criticism. Perhaps the best answer to such denunciations will be, that having written the play the author offers to take a leading part in putting it on the stage. The justification of a position will be seen in the success or otherwise attending its application; by that test the author is willing to stand or fall. Charges made against the drug system or statements proffered on behalf of a new treatment, are either true or false. In this issue the peoples of the earth are interested in no small degree.

Turkish Bath Treatment.

The Turkish Bath made its appearance in England about 30 years ago, under the auspices of David Urquhart, M.P., and the late Dr. Barter, of Blarney, near Cork. This Bath had to fight its way against two contrary influences—(1) from medical men who regarded it as an infringement on their patent rights, and (2) from the prejudices of the people when they found themselves confronted by a homely remedy of whose pretensions they had no knowledge.

Medical men gave expression to a dozen different theories all directed to depreciate the Bath. Not one of them has turned out true. But they do it yet; they advise patients with heart complaints, rheumatism, gout, lung or brain affections, not to resort to the Bath. Curiously enough the advice they give they do not follow. It is notorious that

medical men suffering in their own persons from the above complaints, use the bath and find relief. I know many such instances. I give one. The Secretary of a leading bath, a few weeks ago, said to a Physician who came regularly for a rheumatic affection, "Why do you not send us a patient now and then?" He replied, "If I sent them to you what should I do when I wanted a patient?" Does not this case speak volumes in favour of my contention to change the basis on which the physician grounds his charges? I urge it in the interest both of physician and patient—1. That the physician may be true to his patient, and 2, that the patient may be true to himself.

The Hammam Turkish Bath in Jermyn Street, London, is said to be the finest bath in the world. I have inspected every bath of note in England, Ireland, and Scotland, and to that extent can give an unprejudiced and candid opinion. For the size of the various rooms, the purity of the air, the experience of the shampooers, and for the general comfort of the bathers going through the process, it has no rival. Since 1862, the date of its opening, the Hammam has conducted one million baths, without a single fatality.

Messrs. Nevill Brothers have now four well-appointed Turkish Baths in London, viz., in Northumberland Avenue, Edgware Road, Aldgate, and London Bridge. Too much cannot be said of the resource and care shown by these gentlemen in the management of the baths under their charge. Close upon 800,000 baths have been administered without a fatality. Of course their baths are of modern date when compared with The Hammam.

The Leeds Oriental Bath Company was opened in the year 1866. Here are the completest set of baths, general baths, and Turkish, under one roof, of any town in the empire. One hundred and fifty thousand Turkish Baths have been conducted since its opening without a fatality being registered.

There are more deaths annually in England, Ireland, and Scotland, from overdoses of medicine, from poisons wrongly administered, and from the incautious use of anæsthetics, than have taken place, since their establishment, in all the Turkish Baths in the three kingdoms. What a triumph to be able to record!

Patrons of the Turkish Bath are drawn from all sorts and conditions of men, from the highest to the lowest; patients suffering

from a great variety of disease, mild and severe, acute and chronic; here are gathered together patients afflicted with heart and brain troubles, others with organic and nervous affections, whilst masses of people use the bath for minor disorders of the stomach, liver, spleen, kidneys, bowels, and skin, and a number go regularly from motives of cleanliness and personal comfort. The bath is a luxury to thousands many of whom practice great self-denial to enjoy a monthly Turkish.

If I were to write Relations indicative of the amazing results of the bath as witnessed by myself during a Directorate of about 13 years, I could fill a volume. I will take them as read.

But what of the future of the Turkish Bath? Greater triumphs are yet in reserve. Whether I live to see it or not, I leave it on record here that the Turkish Bath is destined to accomplish a radical change in the general manipulation of disease.

In conversation with a learned Professor of Medicine from Upsala within the last few weeks, I told him that I would assume charge of a dormitory full of fever patients in bed, pass them one by one through a Turkish Bath, between 250° and 300°, for two or three days, with douche and skin friction, and I would have 90 per cent. of them out in the open air on the succeeding day. He said, "I cannot believe such things." He was right; he could not believe because he had not seen, and did not know. I have been in English Fever Hospitals lately, and saw patients who had suffered confinement there under medical treatment for ten, twelve, and fourteen weeks, who, under sanatory treatment, might have been cured in so many hours. I have often known a fever and its complications consume two years of medical attendance, when, under sanatory measures, a cure could not, by any chance, have occupied more than two weeks. Such cases are common occurrences. During the last two years I have known patients suffer from Influenza for months together, and then be more or less infirm for six months afterwards, when a course of sanatory treatment for three days, dated from the earliest symptoms, would have assured a faultless cure. I know what I say is the truth, and I have the utmost confidence that experience will shortly confirm my statements.

"Why is this?" Why? It is explained by the circumstance that the sanatory scientist acts upon a rational principle—destruction and

elimination. But the physician acts upon a dogma which is not grounded on reason, *i.e.*, the theory of counter-irritation; therefore, wrong in principle he is wrong in practice. This accounts for the terrible suffering and the great mortality under the allopathic system; the suffering and the mortality are imposed by a medical priestcraft whose practice we must mend or end. I prefer the last-mentioned remedy, it saves so much explanation!

Then we go in for sanatory science,—fever met at the door and turned out, minor ailments driven away by the skin function, and more serious illnesses averted by prompt steps during the invasion of fevers. Prompt and decisive action is everything in fever, but how can the physician be either one or the other when he has no decided remedy. Allopathy is a system of drivelling guess-work. Only the other day this was admitted by Surgeon Lieut.-Colonel John Ince, M.D., at a meeting of the East India Association, called to discuss a paper on the increased mortality from Enteric Fever amongst the young recruits in the Indian army. In replying to some criticisms on the profession he said, "As to the remarks about doctors making mistakes, why, every one does the same, and perhaps doctors make more mistakes than any other body of men in the world—because our whole system is largely a system of guess." There is only one word in that sentence I should correct. I should substitute the word "altogether" for "largely." So long as professional fads go for philosophy, physic will retain its hold on the public mind.

My work in life in the future is to show that although medicine is a "system of guess," there is in nature a system which has no guess-work in it, a cure which is uniform and accurate.

The new treatment for fever will thoroughly upset all our old ideas, and the doctors, on seeing it, may be forgiven for doubting whether their last night's rest were really one of eight hours or 500 years.

The Infection Scare.

In October, 1891, I walked through that wonderful rift in the Mendips, the Cheddar Gorge, and coming out on its southern slope I spent an hour inside one of the two largest caves where the stalactite

and the stalagmite are growing downwards and upwards in the everlasting hope that in the whirl of ages to come they may one day be locked in each other's embrace. As I stood by a stalagmite which was about level with my waist, I said to the old man who acted as my guide, pointing to the beautiful object between us, "Is there any estimate how long a time that specimen has occupied in reaching its its present dimensions?" "Well, Sir," said he, "that one was measured 50 years ago, when I came on as a lad of 18, and it has not grown half an inch since then." This stalagmite was to me a type of physic. Since I was 15 years old physic has not grown half an inch, and it will swallow up myriads of ages before this system of treatment will be of further interest to anybody but itself.

The teaching of the faculty as to infection is debasing, grovelling, and cruel; it belongs to the age of witchcraft, ogres, vampires, gnomes, oufes, dwergers, nixes, wraiths, and harpies It is the theory of cowards, spoliasts, recusants, and visionaries. Nay it is worse than that, if worse can be. Infection, as understood by public men and by society in general, is a subject which is a daily terror, and produces in the minds of thousands of people, educated and uneducated, a sort of chronic hypochondriasis. One gentleman, a merchant, said to me lately, "Sir, I must ask you not to call upon me at the office: my clerks object to it, seeing you are so much about Smallpox patients." Another said, "I should ask you up to my house, but my wife and family are so afraid of Smallpox." Returns of Smallpox fatalities are unpublished from day to day in the provinces, lest public excitement should pass beyond proper bounds.

There are masses of people at this moment who are treading on the fringe of fever because their fears of Smallpox, Scarlatina, and Cholera, dominate and distract their judgments.

This state of things is intolerable.

It is high time somebody should speak out on the subject. What does it all mean! What is the interpretation thereof? Is there a cause for it? The interpretation and the cause are in the mind of the physician—if he lose his grasp on men's fears and women's frailties, physic is as powerless as Samson shorn of his locks. Physic rules by fear.

No healthy person should object to visit fever patients whether in private houses or hospitals.

It is proper to observe the precaution to protect the skin against open wounds, abrasions, or scratches; but this is urged as a general rule.

If patients are treated sanatorily there can be no infectious matter evolved or diffused, such matter being eliminated during the treatment.

Where patients are treated by the profession, there will be, after the crisis, infectious matter set free—a proof of defective treatment. To a healthy man this is harmless; such matter is only harmful when blood-inoculation can be effected, or when it is inhaled for a long period. Open windows and currents of air will prevent any mischief.

To carry infection in the clothes from one house to another is a pure fiction—a medical illusion. But if it were possible, I charge it to the account of bad management. Where there is a doctor there should be no infection. If there be infection there is no doctor in that locality. The first duty of a doctor, in a fever case, is to stop the septic ferment in the blood by the cold water or hot air bath, and then to eliminate the dead material; the fever-fire is thus extinguished and the matter which promoted combustion is destroyed and ejected. Infection then is an impossible thing. The importance of this theory is ample excuse for its frequent repetition.

Under proper sanatory supervision, the day is not far off when fever patients will be as harmless of infection as a rose-bush.

The furore about infection is fanned into a flame which burns perpetually, and behind its glare medical incapacity hides its head.

Listen to this scrap of superficial reasoning. The authors of the Family Physician, at page XXI., say: "It is probable that now-a-days the development of any case of contagious disease *de novo* is infinitely rare, and that in nearly every instance it has been communicated by some other person suffering in a similar manner." I traverse that doctrine; nay, I go farther than that, I say the converse is the true state of the case. But medical men read the above lecture in order to relieve themselves from blame, or the suspicion of blame. It is as much as to say, "We do not produce this infection. Oh, no, we have nothing to do with it; it comes in a letter, in cab, tram,

train, book ; from the laundry, pew, or somewhere from the outside world--carelessness on the part of patients and the public. Lay not this burden on our shoulders—pray absolve the profession." This work will expose the hollowness of such teaching.

If the Medicinist—we should then call him the Health Officer—were paid for preserving health, his salary would be a charge upon the health-rate, and as rich and poor would be equally entitled to his services, each doctor having the care of a particular district and being responsible for its healthy condition, the poor would have no excuse for hiding their fever symptoms, and thus generating infection, and immediately fever showed itself relief would be sought without delay. Infection from the person would then be confined to one cause—medical unskilfulness. And if we found infection anywhere we should then say to our physician, "What do you mean by permitting infection to develop in this patient? If you do not know your duty, we must look out for some one who does." And we should do it in haste.

Treated sanatorily, patients may pass through any fever without ever being in a condition to communicate the infection to anybody else.

Infection therefore is a cultured product.

The Importance of a Healthy Skin.

Fifth in order of importance, the skin is the most neglected function of man's organization. I speak of the mass of men and women whom we meet in daily life. Not one in a hundred has his or her skin in a healthy condition. Capsuled with dirt, choked throughout their whole length by corroded exudations, three-fifths of the pores are inactive and uncleansed from year to year, and when fever comes with a rush these people tumble to pieces in hundreds, like mud huts squelched in the path of a cyclone. A mistaken religious sentiment asks us to view such deaths as occurring in obedience to some divine dispensation. Death is attributed to several causes, seldom to the right ones. If men will not be clean, temperate, and provident, they cannot live. Fever is the destroying

angel who in his nightly rounds strikes down none but those whose death-warrant is signed by their own hands Life in this world, as in that which is to come, is a reward for work, involving present self-denial, unwavering trust, and unceasing care. If the people do not know, how can they regulate their lives aright?

I am not exaggerating when I say that the condition of the skin, to an extent few would credit, decides the character of a fever, mild or severe, short or extended in duration, and harmless, complicated or fatal in its termination.[1] A man with a regularly cleansed skin, though he be under-fed, has a better chance in a fever fight than one with a neglected skin, even if he be nourished above the average of his fellows.

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[1] There is not, I believe, in the whole Scriptures an instance of a cure wrought by Prophet, Priest, or through Divine interposition, where the stomach was utilized for such purpose. I cannot find one case bearing on that view—a somewhat suggestive circumstance.

Hezekiah was sick unto death and an outward application of figs to the boil was the appointed means for his cure. Faith in the power of Christ to heal brought health to the palsied frame of the Centurion's servant. So with the wife's mother of Peter,—a touch from the hand of Jesus, and the fever left her. In another instance a man sick of the palsy was restored when the command was issued, "Arise, take up thy bed and walk." The nobleman's son of Capernaum was relieved of a burning fever when, in answer to his father's importunacy, the Saviour replied, "Go thy way, thy son liveth." Ten lepers were healed as they went to show themselves unto the priests. Paul prayed and laid his hands on the father of Publius, and the affrighted fever left him. An impotent cripple at Lystra obeyed the injunction of Paul, "Stand upright on thy feet," and the man leap'd and walked. In the crowded streets of Jerusalem the people brought their sick, and laid them on beds and couches so that at least the shadow of Peter passing by might overshadow some of them. The child daughter of Jairus shook off the sleep of death when Christ said to her, "Maid, arise." So also the woman who had an issue of blood, had spent her little treasure upon the physicians, and was nothing bettered, when she touched the border of His garment, the blood was stanched and a new skin covered up that old sore. In the synagogue there resorted the man with a withered hand, and when Christ saw him he was moved with pity and called out, "Stretch forth thy hand," and immediately it become whole as the other. Naaman, Captain of the Syrian hosts, was recovered of his leprosy when he had washed in Jordan seven times according to the word of Elisha. Born blind, Christ anointed a poor man's eyes with clay, and said to him, "Go wash in the pool of Siloam," and he received his sight.

It would be an easy task to furnish many other instances showing that cures, without a single exception, all meet in the direction of outward applications or means. Not much depends upon the argument, but still it is one which must not be lost sight of in the discussion; it has its value.

Had there been one case where priest or prophet had given a prescription with the caution "To be well shaken before taken," what a noise it would have made. No. There is neither pill, powder, globule, electropathic belt, galvanic ring, nor a single representative of the many modern quackeries which cheat the simple, disgust the thoughtful, and enslave the minds of thousands who might be free, happy, and healthy, if they only studied nature and ordered their lives according to her rules.

Ancient Rome understood the value of a healthy skin much better than modern London.

For the ten years ending in 1888 there was an annual average mortality of 59,416 deaths from Bronchitis. I should like to know what proportion may be regarded as the death-tax levied on dirty skins!

The presence of the skin implies its object. Racked with fever, its language is, "Go wash in Jordan seven times." To us every stream is a Jordan. We are not restricted to one river. We can make our own river in our own houses; the common bath is to us a Jordan. The blessing is in the water, not the river—'tis "the water cure," the nature cure, and not the drug remedy of our diplomaed physicians. Man's ordonnance is the drug, God's is the water; man's is the infection, and the sequelæ following the track of human impotence, God works without either, his ways are well defined, fathomable, and perfectional. Who created the skin, and gave to it its matchless functions? Man could not add a single pore to the number planted there by the determinate foreknowledge of the Eternal. There is not in the skin, in the massive aggregation of pores, one too many or one too few, considering how critical a work is assigned to the apparatus.

The area and capacity of the skin, in producing copious evacuations is another feature which invests it with peculiar interest. It is Nature's drainage system for the body of man. The whole skin is one mass of pores, which if joined together it is calculated they would reach to the twenty-seventh milestone on the road. There is no waste place on that plot through which you could drive a needle. And if in the grand economy of nature the functions of this organ are wilfully disused, the physician is slighting God's merciful and beneficent means, and the powerful agency he has placed within our grasp, for the sake of a system whose disciples are obtrusive bunglers in a science where Nature alone is great and man alone is little. Do as we will we cannot get outside of God.

The skin breathes; it inhales oxygen and it exhales carbonic acid gas. The skin aids the process of digestion. One half of the poisonous material thrown off by the blood should pass through the skin. A man should always be able to say, "My skin is clean." Happy is that man. Fever and infection trouble him not.

RESUMÉ.

In order to fix the arguments and theories enforced in these pages upon the minds of my readers, I propose to summarise my teaching in the form of a dialogue, adding such new matter or Relations as may be advisable or necessary, as follows, viz :—

Q.—It must have struck you, as it has myself, that in bringing such weighty charges against medicinists, referring to the evolution of infection, and to their incapacity to control fevers, some further declaration of your intentions as to the proof of your statements and what course you propose will be essential. You are prepared, I suppose, to meet that difficulty fairly ?

A.—Yes, I see the justice of the suggestion. It has not escaped my notice. How could it ? I can only meet it in a straightforward and manly way by offering to conduct a Sanatorium and to prove by practical experiment the truth of each separate allegation, viz. :

1. That infection does not, as a sequence, follow the action of sanatory appliances. It does so follow in the steps of the drug physician.
2. That, infection not being developed, there can be no after complication or sequelæ from fever.[1] The converse is true beneath the tyranny of the medicinist.
3. That fever running its course under the drug regimé, can be effectually checked by the new treatment during its first stage —invasion—and can be retarded and reduced to subjection during the second or third stages. The very opposite occurs under medical mismanagement under all three stages—invasion, domination, and decline.

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[1] The remark of Dr. Allbutt, as to cold air treatment, comes in appropriately. He said there were no complications or chest affections following his experience of it. This bears out my argument that the sequelæ of fevers are due to bad management only. What a rebuke to drug practitioners !

4. That Smallpox, viewing it as the most contagious of the exanthemata, can be successfully treated in its first stage, and in its second and third stages, and without pitting or disfiguring the skin surface, or terminating in blindness, or in death. Under the drug treatment the fever once begun has to go through the whole programme.

There should be no death certified to fever. Death may occur whilst fever is being withdrawn from a patient—but there is some more serious cause behind it accounting for death. It must henceforth be an axiom—no patient should die of fever. By that rule we will in future guage the capacity of the physician in his treatment.

5. That the medical theory of infection is grovelling aud dishonouring to the great Creator. If infection were a necessary sequence, instead of a hateful incident involving carelessness or non-control in its accession, invasion, domination, or decline, it would argue positive malignancy in its evolution. Infection in its true light is a schoolmaster whose merited strokes are visited upon the backs of neglect and rebellion—neglect of premonitory symptoms, and rebellion against sanative appliances which are Nature's "trusty and valiant servitors."

Q. I understand you to say that for the fevers medicine has no remedy?

A. None, absolutely none. For the complications of fever it is equally powerless. This is admitted by those who know best what is the mind of the profession.

Q. Then why does the allopathic physician insist upon being regarded as the orthodox practitioner?

A. Because, knowing of no remedy himself, he has determined that if anybody else has one it shall not have a chance of being tested, and thus displace him.

Q. That seems selfish. 'Tis passing strange.

A. Well, say professional.

Q. Can we not force a passage through this professionalism?

A. To save its own lives, and the lives of its children, the nation will have to do it. It must come to that in the end.

Q. You say the basis on which our physicians act in their practice

is that each fever must "run its course," and that fever is subject to no control.

A. Yes. That is the question upon which I join issue with the profession. I say that all fevers are subject to control under proper treatment.

Q. The points raised in Chapter II., p. 88, are very important, viz., as to the admitted want of control over the eruptive fevers by the drug practitioners. Can you supplement the references from any other source?

A. I can do so on evidence the most indubitable and convincing.

At the sitting of the select Committee on the Vaccination Act (1867) held on the 28th April, 1871, the Chairman, the late W. E. Forster, Esq., M.P., asked a question of Dr. Marson, which, at a subsequent meeting held on the 5th May following, provoked a very animated passage of arms between Mr. Jacob Bright, M.P., and the said examinee.

The question and answer firstly referred to are numbered 4148 in the Committee's report, and run thus, viz.: *Q.* "Would you consider that the present mode of treating Smallpox cases renders the cases less fatal than formerly?" *A.* "I am afraid not. I fear we have no control over the disease; there is no specific. We have no power whatever of controlling, I think I may say, Smallpox, Scarlatina, Measles, and the other febrile eruptive diseases."

In answer to questions 4098, '9, 4100, '01, Dr. Marson said he was the Surgeon of the Highgate Smallpox Hospital, that he had held the appointment for 35 years, and during that period he had treated 22,792 cases of Smallpox, at a loss of from 20 to 13 per cent. What a sad experience! We will show him a grander result in a few years.

Dr. Marson's evidence is much on all fours with that of the physicians of the principal London Hospitals, as quoted at p. 89 of this work.

At the hearing on the 5th May, 1871, our friend, Mr. Jacob Bright, took up his parable again, and in question 4628, he said, *Q.* "In answer to question 4148 as to the past and present modes of treatment of Smallpox, you say, 'I fear we have no control over the disease; there is no specific; we have no power whatever of controlling, I think I may say, either Smallpox, Scarlatina, Measles, and the eruptive

diseases, does that correctly represent what you said?" *A.* "I should correct that by saying that we have no power of controlling the febrile eruptive diseases." No correction here, it is merely saying the same thing in other words!

In question 4629 Mr. Bright continues, *Q.* "Is that so in your opinion, or is it the opinion given by the profession generally?" *A.* "It is the opinion held by the best informed in the profession generally, I believe, so far as Smallpox, Measles, and Scarlet Fever are concerned. It might be limited to those diseases, and a few others of the febrile eruptive class."

Again, in 4630, Mr. Bright enquires, *Q.* "Has the College of Physicians no knowledge on the subject with regard to the treatment of those diseases?" *A.* "Not as regards stopping the progress of the disease. We can perhaps do some good, but we cannot stop the progress of the disease, nor is there any specific for curing any one of the three diseases which I have named."

Lastly, in 4631, the querist strikes a home thrust which Dr. Marson evaded in a manner as discreditable as it was untrue. *Q.* "Then you evidently think the profession is (I think I may say) absolutely powerless with regard to the treatment of those diseases; if so, is it as powerless in regard to the treatment of other diseases?" *A.* "Certainly not; that is a different thing altogether. Those are specific diseases which run a certain course in spite of anything that can be done to prevent them. I ought perhaps to have said that the only check we have is vaccination upon Smallpox. There we have a great check upon the disease, but one which is of no use after the disease has commenced. That is the point."

It would be absurd to suppose that a doctor who had no treatment for Smallpox, Typhoid, Scarlatina, Measles, or the other fevers, eruptive or non-eruptive, had any for their complications, Phthisis, Pneumonia, Bronchitis, Atrophy, Diarrhœa, Convulsions, or for any other disease. The admissions of Dr. Marson and the physicians and surgeons of the principal London hospitals, have ruined physic for ever.

In reply to these few questions, Dr. Marson, twenty years ago, admits that the Allopathic physician has no control over the Smallpox, Scarlatina, Measles, and a few others of the febrile eruptive class. In 1888 the physicians of the principal London Hospitals repeat

the same statement; they say, "It must always be borne in mind that we have no specific remedy for any of our common fevers. We cannot hope to cure them; and in many cases the object of the treatment is simply to conduct the fever to a favourable termination, and to ward off any intercurrent disease." So that the physician in the treatment of fevers, is to-day just where he was twenty, a hundred, a thousand, and two thousand years ago—the hereditary representative of a dead system.

The scope of this evidence may be enlarged and enriched.

Q. Why was it necessary in the first instance for medical men to search for specifics with which to attempt a cure for Smallpox, Hydrophobia, and Tuberculosis?

A. Because the medicinist had exhausted his resources without discovering a remedy in the drug system for any one of the three diseases.

Q. Is it true then that the Royal College of Physicians, including the Royal College of Surgeons, and the Pharmacopœia have no definite remedy for those diseases?

A. That is admitted. They never had any treatment for these every day complaints. Century after century has borne witness to the futility of physic.

Q. When a physician is sent for to attend a fever patient, what does he do? What can he do?

A. He does nothing, and he allows the disease to "run its course" whilst he dreamily records a temperature he cannot circumvent. If the patient be strong, and the attack mild, the patient may recover, and the physician claims the credit; but if the patient be debilitated, of low resisting power, and the attack be of a more violent nature, death ends the struggle very shortly, and the physician is helpless to arrest the fever or to prevent a fatal complication.

Q. Of what use is that clinical thermometer so often paraded before the patient?

A. It is not worth a straw to either physician or patient.

Q. Can it not be useful?

A. Yes to the nature doctors—perhaps a little use, not to the physician. There is not much difficulty in deciding as to fever cases. Why trouble about the temperature if you cannot influence it?

Q. Of what use then is this instrument?

A. When the former finds a high temperature he at once reduces it by the cold pack, or the Turkish, and the succeeding cold bath, thus checking the fever and preventing complications; but the medicinist has no such power. His thermometer only informs him whether the fever is increasing or diminishing in intensity; if increasing, he issues his bulletin, "temperature high, fever running its usual course;" if moderate, he writes, "temperature normal, patient improving." The physician is a passive observer throughout, leaving everything to chance; he would say to nature; the sanatory treatment is active, controlling fever and assisting nature. That is the difference between the two, and it is a real difference. Death lurks in one, life is evolved by the other.

Q. Practically it comes to this that the practice of physic is a deception altogether. Is that so, or not?

A. It is a safe conclusion. For the fevers, and I am speaking of that group of diseases in this work, physic is a pronounced disappointment even to those who practise it. Physic can never hold up its head where sanatory measures are in vogue.

Q. You seem to have no faith in the drug treatment?

A. None whatever. My opinion is that the prescriptions for which patients pay five hundred thousand pounds per annum, in London alone, not one of them, for any special disease, is worth the paper on which it is written. If you had a van load of prescriptions, and if by one stroke of Nasmyth's hammer their virtues could be concentrated in a single dose, that compounded specimen would not retain within it the inherent virtue of a glass of cold water!

Q. Do you think that opinion is becoming general?

A. It is spreading on every side. Physicians, seeing so little result from drugs and medicines, are discontinuing their use. The Physicians of the principal London Hospitals say of measles, "in spite of drugs and medicines it will run its course;" for small-pox they admit the inutility of drugs by not recommending them; for erysipelas three, and for scarlatina two drugs only are prescribed. (See Table IV.) Not one of the medicines or drugs mentioned in this Table has a healthy action, and when taken it has a decidedly pernicious effect upon the constitution. Man's physical organization points exclusively in the direction of sanatory science.

Relation 48.

A friend of mine being out of sorts sent for his doctor. On arrival he was greeted thus:—"I have sent for you just to say I am not well, but you know I object to physic." "Ah," said the doctor, after a rehearsal of the disquieting symptoms, "I quite agree with you. There is no necessity for physic, the symptoms will pass away in a day or two." So they did.

Conversing a few months since with a surgeon who for thirty years served with his regiment in India, in reply to a question from me, he said, "Sir, I have prescribed plenty of physic in my time, most of it harmless in its character, yet I never took any myself. I have seen difficult service in peace and war, in hunger and thirst, in all seasons and climates. If soldiers were uniformly steady, there would be few demands in camp, on march, or in barracks, for medicine."

Q. It is your opinion then that there is a marked change in the minds of the people with regard to the drug system. Do medical men remark upon it?

A. Yes. I have watched its growth almost from day to day. Medical men have referred to it in conversation. I give the two following Relations by way of showing how certain members of the profession view the transition of general practice, viz., from themselves to one or other of the three competing systems now before the public, viz.:—

Relation 49.

I met a doctor one morning, a few months ago, in a Northern Town. He knew I was strongly opposed to vaccination. He observed to me, "You fight hard, and deal heavy blows right and left." "Well," I observed, "it is against the system, not the individual." "Oh, yes," he admitted, "I think you act fairly, but I do not hesitate to say, I wish there were no such thing as vaccination. I know it is doing us great injury, and I can see, in the not far off future, that the retention of vaccination, opposed as it is to the convictions of so many intelligent people throughout the country, will end in half ruining medicine." I replied, "I have entertained the same idea for years. The course pursued by allopathy, with regard to vaccination, is simply playing into the hands of Hydropathy, Herbalopathy, and Homœopathy. What Allopathy gains directly by vaccination, it is losing indirectly in general practice. The three H's are drawing their auxiliaries and their cash from A., now A. cannot stand that quiet withdrawal of his forces and his capital beyond a fixed limit—however delayed—the settling day comes at length, does it not?" "True," he answered, "and I am betraying no confidence in telling you that, in my opinion, vaccination would go to-morrow if it were submitted to the voting of the individual members of the profession, and this not so much, perhaps, from a strong feeling against vaccination, although that is showing itself, as from the idea that to retain it means the steady loss of general practice." "I quite agree with your conclusions," I observed, "and I am pleased to hear you admit that our following is now a strong force in the country." "There is no doubt on that head," he replied, "and medical men are foolish to disregard it. I have not seen, in my time, an agitation including in it such intelligence, so great personal sacrifices, as those displayed in your movement. I view it as a fatal step

for medical men to sit in judgment on Anti-Vaccinators, to punish, to imprison, to fine, and to oppress them ; this conduct, impolitic, harsh, and occasionally cruel, is sure to recoil upon the heads of the faculty in the long run. I cannot but regard the whole attitude of the profession, on this subject, as a blunder, if even a worse term should not be employed."

I could not help reflecting that my friend would some day present himself as a working recruit. He was evidently on the high road to our quarters.

"But what," I said, "about the Royal Commission?" "Ah!" said he, "we are nervous as to the issue. The profession, outside the offices of the Local Government Board, take little practical interest in it, as you can see. It will be an evil day for us if the principle of compulsion is not abandoned." "I agree with your remarks," I rejoined, "but failing that, perhaps a conscience clause, like a mouse issuing from a crevice in the mountain side, may come out of it! If it should, we shall be thankful for small mercies." "Will you be content with that?" "No, when vaccination is a penal offence, like inoculation, then our work is done, but not till then." Here we shook hands and parted with a "Good morning!"

The last mentioned opinion I am alone responsible for. Many in our ranks are only anti-compulsionists, and as soon as the compulsory laws are repealed their object is gained; mine is continuous, yes, till Vaccination is a penal offence by statute. Till then I know no rest.

Relation 50.

Another medical friend, about the same time, admitted that his practice was reduced, during the last 5 years, to two thirds what it used to produce—"To what do you attribute that circumstance," I enquired? "Only to one thing, a change in the public mind with regard to treatment; the people are losing confidence in physic ; there is little doubt that the upper and middle classes are resorting to Hydropathy and Homœopathy, and the labouring classes are falling back upon Herbalism. I can understand the growth of Herbal practice, because the poor place greater reliance upon men of their own order—that is natural enough." "Yes, I added, "and I can understand the upper and middle classes grasping at Hydropathy and Homœopathy, cures being more certain and humane." "Let the cause be what it may, the movement is appreciable in two aspects, physic is on the decline, whilst the other three branches are strengthening their hold on society." I concluded the argument by saying, "In my travels I meet the change of which we are speaking, East, West, North, and South, the steady advancing tide is washing away old landmarks and creating new ones in their places. You may depend upon it, doctor, public feeling is undergoing a radical change which may ere long result in a widespread revolt all along the line."

Q. Let me ask you, medicinists say they have some specifics for certain diseases—what diseases?

A. Syphilis, ague, and angina pectoris, and the drugs used are calomel, quinine, and nitrate of amyll.

Q. Do you consider they are true specifics?

A. Certainly not, they are unsafe drugs. Calomel has the fatal

power of healing the skin surface. To heal the skin is practicable, but to cure the disease with that drug is impossible. In no case does it perform a cure; it drives the disease in upon vital functions, and patients die of pneumonia and phthisis who by wiser treatment might have lived. There is no more dangerous substance in surgery or chemist's shop than calomel, and he who prescribes it knows nothing of the serious evils it entails. Quinine for a time seems to exert a beneficial influence over the ague, but the benefit is not permanent; in very many cases the drug induces disease conditions worse than ague itself. A school companion of mine spent 20 years in India, and he had his health ruined for life by taking frequent doses of quinine—he was stone deaf ten years before he died. His conversation was conducted by means of slate and pencil.

This is no isolated instance. In countries where ague is common, and quinine is much used, deafness is a complication frequently observed. The following is Major Casati's experience of quinine for malarial fever. He says that in Sept. 1880, in journeying from Wau to Jur Gattas he was troubled with attacks of fever which in the end threatened his life; that he took "*large doses of real African quinine.*" [1] On recovering somewhat he left his station on the 14th October for Rumbek, and that on the 10th Nov. he pursued his travels although he was "worn out by intermittent fevers." He concludes thus, viz., "The use of quinine had no decided effect, but caused a troublesome insomnia, so much so that I was compelled to discontinue it, and confine the treatment to cold baths, with a better result." [2] I condemn the use of quinine and I believe it to be a drug almost as injurious as calomel. Quinine may change the course of a fever temporarily, but that is a long way from a cure.

For Angina Pectoris a few drops of Nitrate of Amyll on the handkerchief, inhaled through the nose or mouth will alleviate an attack,—so it is said. It may be so. Patients suffering from Angina carry a small bottle of the preparation in the waistcoat pocket, and resort to it when apprehensive of a paroxysm. Immediate relief is something in the shape of a blessing; the benefit from Amyll is not lasting. A

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[1] "Ten Years in Equatorial Africa," by Major Casati, Vol. 1, p. 64.

[2] *Ibid.*, Vol. 1, p. 73.

friend of mine has been afflicted for 30 years past by Angina. During that interval he has only had three insignificant attacks. The Turkish Bath, fortnightly, coupled with attention to the skin, is his prescription. For the above period he has never consulted a physician; he trusts to nature. Who can blame him? It is not suggested that Amyll is a cure, only that it affords temporary relief

Q. Once more I would enquire what treatment is best for infantile diseases, Measles, Whooping-Cough, Chicken-pox, Bronchitis, Mumps, Small Pox, Typhus, and other fevers?

A. I have given instances showing the treatment for Measles, Whooping-Cough, and Mumps. Here is one for Bronchitis, viz :—

Relation 51.

In July, 1891, I called upon my co-worker, Mr. Wm. Harbutt, of Bath. His daughter, 9 years of age, was in the crisis of a Bronchitic attack. High temperature, characteristic cough, mucous discharge, inflamed throat, slight pains in chest, sleeplessness, no appetite, and prostration. I said to Mrs. Harbutt, "That child is in a serious state. In three or four days the bronchitis will glide into pneumonia, and a life-long complaint may grow out of it." My lady friend replied, "What would you advise us to do?" I answered her, "Will you trust this child to my charge? I shall call no drugs in to my aid. I will use nothing more dangerous than cold water. You shall assist me through the process, and for the future you will be able to master infantile ailments without medical assistance." It was now about 6 p.m. After a brief consultation Mr. and Mrs. Harbutt agreed to follow my advice. I had this precious candidate for pneumonia in a pack within the hour—she stayed there about fifty minutes. I remained with her, frequently applied a cold bandage to the forehead, gave repeated draughts of cold water, and prepared the bath and pail douche. My patient was in a fine perspiration, and although she did not relish the bath and douche, yet she never uttered a cry or other sign of dislike to this novel development. We administered a good rub with a coarse dry towel, so as to excite the skin and bring its powers into play. Our juvenile martyr was afterwards put to bed, windows open, a light supper of boiled bread and milk, and she slept soundly. At 8 a.m. the following day I was at her bedside to superintend a second pack. This was performed with its accompanying douche and skin friction. I said to her,—"Do you like me for your doctor?" She replied, "No, I don't." Now had I gone there twirling my clinical thermometer, and saying nice things to mother and daughter, doing nothing to bring the disease under subjection, sending a sweet mixture and a box of chocolates to eat, this suffering patient would have volunteered the remark, "I do like Doctor; he is so kind." When I was met with the repulse, "No, I don't," the little girl had my "cold douche" in her mind! I was quite prepared for her reply; it was no uncommon experience. My patient was dressed, had a romp to obtain a re-action. She played all day with her toys. At 4 p.m. I ordered a cold bath, and a repeat every morning at 8 a.m. This was the treatment; the cough disappeared, throat symptoms vanished, the slight pains in the chest left her, and in 21 days' time her cheeks began to assume their ruddy hue, and her general health gradually re-appeared.

Illustrating a remark in the early part of this book, that a person once initiated in the use of sanatory remedies soon becomes proficient, I may state that a few days ago I wrote to Mr. Harbutt for his consent to mention the above incident. He writes: "Make what use of Enid's case you like. As a novitiate, I have since used the pack for fever, rash, etc., and with perfect success. A nephew, residing in London, paid us a visit last year. He was suffering from neuralgia, bad headache, diarrhœa, sleeplessness, and want of appetite. I persuaded him to try your remedy. He slept 40 minutes whilst in the pack, and when he awoke he declared he had neither ache nor pain. I gave the cold douche, and a good rub down with coarse towel; he dressed, went out for a walk, returned "hungry as a hunter," and for the five weeks he lived with us on Combe Down he had no return of neuralgia." . Mrs. Harbutt writes: "I have used the pack several times since you gave me my first lesson. In Whit-week several of the children exhibited symptoms of Scarlet Fever. Eric was the first. I went for the doctor. As he did not appear, I put Eric into a pack, and I had just got him out and into bed, when the doctor came. He scolded me, and said I had driven the rash in. Be that as it may, the boy was quite better, and when the others showed the same symptoms, I availed myself of the pack, without sending for the doctor, and they all recovered straightway."

I maintain that children's ordinary diseases, the result of blood-poisoning, such as those I have named, are curable, without running their course, within 24 hours—if taken in time. Why should they not be taken in time? Nature gives ample notice—feverish skin, headache, back-ache, restlessness, prostration, loss of appetite, vomiting, diarrhœa, etc. Give the pack, or Turkish Bath, when the first symptom declares its presence—don't wait for the second. If you misjudge the case, it does not matter; the pack or bath can never do harm; and you may save a doctor's bill, a fever, a complication, and perhaps a life! Who knows? You are the natural guardians of your children's health; be their physician too.

The doctor shuts up the fever, locks the door inside, and puts the key in his own pocket. Then comes the fever, full-fledged, the dreaded complication, and the open grave, which ends the scene. Thousands upon thousands perish thus year by year, when a few cans full of cold water, or a few breaths of hot air, deftly administered, had possibly saved each one of them.

Briefly in the above Relation is the universal treatment for fairly healthy children suffering from fever attacks, eruptive or non-eruptive, for Bronchitis, Whooping-Cough, Mumps, Chicken-Pox, &c., and for their complications, if any. In children who are ill-fed, dirty, weak, and ailing, the cold water pack would not be safe. The Turkish Bath would be more consistent, or the hot blanket pack. Cures amongst this class of patients are not so speedy, because the patient is in a naturally depressed state of health. To increase the strength by nourishing food, at regular intervals; to keep up the temperature of the body, by artificial means if necessary; and to assist the skin to do its work, these are preliminaries which have to be observed, and must be carried out simultaneously with active sanatory measures. Where

a good re-action can be relied upon the cold water appliances are preferable, whilst for the more powerful poisons (Smallpox, Hydrophobia, Tuberculosis, or Cancer) the Turkish Bath has the advantage. The former persuades by gentle means, the latter compels obedience by force of arms.

Q. It seems to be your opinion that for children's complaints a physician is not absolutely required ?

A. True, the mother, properly instructed, ought to manage her own offspring in health and under disease influences resulting from blood poisoning, and terminating in fever. To destroy and eliminate fever germs or organisms, as I have repeatedly stated, is a task easy of acquirement ; nerve and careful manipulation are the principal requisites. Any man or woman of ordinary capacity, with competent instruction extending over a period of three or four days, may safely undertake the management of children's diseases, and for that matter of the corresponding diseases in the case of adults. See how many bathmen there are now in this country in charge of private hydropathic establishments, and you never hear of an accident or a mishap. One of my leading objects in this work is to familiarize the minds of the people with the idea that fevers in their first stage—invasion—only call for the exercise of common sense, some small skill, and the possession of proper appliances.

Q. I can scarcely understand how Cancer can be cured by the means you advocate ?

A. Oh, yes, it can. The Turkish Bath will draw away the poison, heal the wound in tissue or structure, and give back to the patient his health and life. We do not know what a powerful agent we have in the Turkish Bath.

Q. Then you do not see much reason why fever patients should be consigned to bed for treatment ?

A. Catch them in the first stage, that is the proper stage—and your patients can be cured without going to bed for five minutes beyond the usual hours. This will appear a strange doctrine to you I know. The most pitiable specimens of fever are always found in bed. Dally with the disease till the second stage is developed—domination—and medicinists are sure of good cases. Let the physician have his interest in health, not in disease, and in a very few

months my philosophy will be accepted as the standing orders of the profession.

It is said that this is an age of shattered idols.

The doctrine of infection, as propounded by the faculty, is now a shattered idol. It has been shown that the very principle of infection, in its development and diffusion, is the sequence of medical unskilfulness, the outgrowth of sheer incapacity and misdirected efforts in treating fever. With sanatory remedies infection never matures; the germ or organism is first destroyed, and then eliminated. The patient cannot then be a source of danger either to himself or to his neighbour. If the nature treatment were in vogue, infection would instantly disappear. There could be but one avenue left, that where a migrate, beggar or careless person, nursed a fever until the crisis had passed and its decline was upon him before he reported himself. This should be a criminal offence, and punished severely.

The removal of infectious cases, therefore, is now necessary only because physic has no cure for the fevers; whereas under sanative treatment no removal is required because no infection is produced. So that the drug treatment bristles with dangers and defects at whatever point it is challenged.

Patients can be better treated at home, if there be bath accommodation. It is a mistake to send such patients to hospital—the very idea of going to the hospital, in the case of highly nervous temperaments, is often fatal to their recovery—besides, where can a mother's care and skill be matched? A doctor who cannot cure a fever patient at home is not fit to be trusted with one in the hospital. Nurses are not yet all they might be, or all they should be. I am referring exclusively to fever treatment and fever hospitals. I have seen a good deal of both.

Physic as a system is a shattered idol. I have shown that medicine is a failure. The physicians of the principal London hospitals say they have no cure for the eruptive, and it is clear they have none for the non-eruptive, fevers. It is equally beyond dispute that physic is helpless to touch any disease, no matter what may be its symptoms or severity. Precisely the same drugs are used for all diseases and patients in their different stages and states. Man is essentially subject to and adapted for sanatory remedies, and such remedies are of

universal application whatever the disease or whatever the condition of the patient. Be chary of a remedy if it have to be swallowed. Mark that caution, I beseech you.

For the last thirty or forty years hydropathy has successfully treated most known diseases. It could not fail for the fevers. The Turkish bath has followed suit. Both treatments aim at the same results, and by similar means :— 1. Destruction of germ life; 2. Elimination of the dead material. Heat or cold, the two extremes of temperatures, both are dependent upon the co-operation of the skin function, and nature is responsive to this grand appeal.

Relation 52.

A leading merchant in Lancashire, a gentleman well known in the North of England, said to me recently, "I read the report of your address to the Dewsbury Board of Guardians in March this year, 1892. I quite agree with your views with reference to the defective teaching and practice of the medical profession. If a child of mine were to show feverish symptoms I should not send for a doctor. I should wire for a Bathman from Smedley's." This remark was offered voluntarily.

I have no personal feeling against the profession. I have had plenty of summonses and orders, three at a time, for non-vaccination of my own children. The best years of my life, for the last 40 years, have been devoted to forward the great anti-vaccination cause, but notwithstanding what has passed I would go out of my way to do any member of the profession a good turn. I wish to put him right where he is wrong, and to make him powerful where now he is weak.

There are thousands of families in this country who have been driven away from allopathy by the action its professors have taken on the vaccination question, and the great majority of them have gone for good—they are alienated from the drug treatment. And, clear of Allopathy, no earthly consideration will induce a patient to return to it.

Q. You say infection cannot be carried about in the clothes. How do you account for the Plague, Cholera, Smallpox, &c., being spread by rags sent from one one place to another?

A. In this way. The poor in foreign countries, not recognizing the danger, sell the old clothes which the dead used to wear, as well as the rags and cloths with which the sores and wounds were stanched, and such cloths and rags, saturated with poisonous matters, when they

are handled convey the special disease to those engaged in the duty of sorting them. The hands of sorters are seldom free from sores and scratches; the nature of their work renders them more liable to accident than their neighbours. The first, passing through the disease in the way suggested, is the medium for conveying the infection in similar blood-poisoning to number two and three, and thus the disease is spread.

Q. Then your theory is that if the first case is treated sanatorily the fever or plague is stayed, or, as it is often said, "nipped in the bud?"

A. Exactly so. A doctor ought to be able to go into a home where a fever case has just developed, stop its progress, cure the patient within twenty-four hours, and by the same means, the cold water or hot-air baths, applied to the other inmates, prevent the occurrence of a second case, even when such inmates have been infected by the same conditions as those which set up the disease in the first patient and if the process of incubation had been established. Of course I am assuming a fairly healthy patient in a fairly healthy neighbourhood Worse conditions of patient or surroundings would occupy more time.

Q. The reasoning seems clear enough to my mind. You argue from a fair case downwards.

A. Truly, and you see the defect of the drug treatment in fevers. Drugs cannot accomplish the elimination of poisonous substances which have infected the blood, and the doctor falls into line with his system and admits "We cannot cure fever; it must run its course," and so he allows it to spend its fury upon the patient and to maim or kill just as each patient is able to bear the shock of the attack or to outlive the after effects from the sequelæ or complications. The physician of our times is as incapable to check a fever as a fireman would be to extinguish a fire when he appeared on the spot without either hose, engine, or brigade. It is the system which is at fault, not the man.

Q. The physician then is of small use in fever?

A. As Dr. Marson observed, in reply to question 4630, "Not as regards stopping the progress of the disease. We can, *perhaps*, do some good." Yes, just as a fussy fireman, without fire-escape or other engine, could do at a fire, he might call out "Stand back, there," he

might burst open a door, or carry away a few articles out of room or kitchen, but he could not rescue the servant and child in the top floor, he could not put out the flames, arrest the course of the fire, or save the furniture and the building. No, their fate is to perish, like the fever patient, or to be so injured by the flames as to be comparatively worthless in the future.

Q. It appears that sanatory measures offer the truest remedy, and perhaps the only one, do they not?

A. Sanative remedies are unique. Hydropathy applied at the first stage is a certain cure. The Turkish Bath is equally efficacious, and the hot blanket and succeeding bath, are safe appliances. All these means are the most effective in any stage of fever; let that be accepted as an axiom. A fire may spring up among the shavings in a carpenter's shop. If a workman observe it he can stamp it out with his foot. If neglected or not observed for ten minutes, perhaps half a dozen men supplied with buckets of water may put out the fire. If the flames are unobserved for half an hour a fire brigade only can quench the conflagration, but if the fire, by neglect or doltishness, spread from floor to floor, the whole building is speedily gutted, and there is nothing undevoured excepting the main walls and foundations. The fever in its accession and progress obeys the same law. In the first stage, notwithstanding Dr. Marson's reply to questions 4630 and 4631, "we cannot stop the progress of the disease" when once "the disease has commenced," sanatory means will stamp it out in the first, check it in the second, and modify its action in the third stage—in all stages preventing the total destruction of the patient. The exceptions are rare. In an ordinary fire if the gaspipe be melted, or a can of turpentine or oil should burst, through the heat, the conflagration with redoubled fury will consume everything in its way. So if there be previous disease existing in a patient when he is attacked by fever, or a low resisting power, the result of bad habits, his chance of ultimate recovery is proportionately endangered—he may succumb to the fever, the original disease, or death may be due to the diminished vitality occasioned by the two causes acting simultaneously.[1]

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[1] In the *Daily News* of the 5th Sept. last, I marked the following paragraph, viz.: "Dr. Gilbert, the Director of the Board of Health at Havre, writes to the papers to say that out of ten drunkards whom he attended for cholera only one recovered, whilst out of ten sober persons only one died." I quote this in support

Q. Certain specifics referred to by medical men, such as Calomel, Quinine, and Amyl are mentioned by you, and as summarily disposed of. Do those exhaust the list?

A. Not quite; one other is given in the case of a boy who suffered from epilepsy for seven years, and was cured by the first dose of Bromide of Potassium. See *Fam. Phys.*, p. xxxi. This was a pure myth. What was the name and address of the boy? Has Bromide ever cured a case like that before or since? The daily papers, for some weeks past, have been lamenting the deficient accommodation, and the hopeless condition of the poor epileptic. Why do not the physicians of the principal London hospitals cure their epileptic patients when Bromide of Potassium is so cheap? Why should there be a single epileptic uncured? And then, at p. xxxii, the physicians proudly boast that "to be cut for the stone, and know nothing of the agony; to have a leg removed and smilingly ask when the operation is over, "When are you going to begin?" to have a nail torn away and look on and laugh whilst that most painful operation is proceeding; these are marvels of which no one dreamed." Exactly so, but these belong to the sphere of surgery, and not to physic! If they did belong to physic, I would ask, where is the advantage of successfully cutting for a stone if you cannot cure Typhoid or Scarlatina? What excuse can be made for a man who can adroitly cut off a leg if he cannot stay the plague of Diphtheria, Typhus, Measles, or even Chicken-pox? Why bespatter the operator with praise because, under Chloroform, he can painlessly tear away a finger-nail, if he is powerless to check Whooping-cough, Erysipelas, Scrofula, Eczema, Tabes, or Hydrocephalus? What matters it if a physician can cleverly perform Ovariotomy if he know not how to kill the fevers and stop the terrible mortality from the sequelæ, viz., Phthisis, Pneumonia, Bronchitis, Atrophy, Diarrhœa, Cancer, Heart Disease, and Convulsions? The operations for stone, amputation of leg, or the nail tearing away, occur in isolated instances, but the fevers and their sequelæ may be counted by thousands in a week, and hundreds of thousands in a twelvemonth. But the wail of the physician, from

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of remarks I have made to the same effect, viz.: that alcohol, smoking, or excessive flesh eating, lowers the vital forces and renders the subject more susceptible to febrile influences. It will strike some minds that in lieu of "local option," the contention ought rather to be for "local compulsion."

age to age, is, "We cannot cure the fever, it must take its course." Who is "we?" Who are the "we" of whom so much is said by Dr. Marson? Hath God given up his people to be cured of fever by this incorrigible "we?" No, verily; it is the incorrigible "we," self-trusting, blood-poisoners, and skin-printers, who have usurped prerogatives which belong to Nature. Nature is the great physician; not man, in his littleness, his presumption, and his ignorance. God hath given to man a sovereign remedy for the fevers, pure as the air on the everlasting hills. Nature's laws are helpful, true, and immaculate. Nature can bide her time. But the cry of the poor has pierced the skies, and the response has gone forth—"It is enough."

Q. Your suggestions as to the early treatment of fever are important. Have you any other observations to make on the subject?

A. Sydenham said that the fate of the Smallpox patient depended upon the treatment "during the first three days of the disease." Precisely so, and the observation is applicable to fevers, eruptive and non-eruptive, and it applies to most, if not to all other diseases traceable to blood-poisoning—children's diseases particularly—and the remark accentuates my teaching throughout this work. My whole contention is that the physician throws away his opportunity in waiting to see what special fever his patient will develop, instead of attacking it the moment he sees it face to face. You send in the morning for a medical man to attend a fever patient. Probably, after an interval of one to three hours he comes, apologizing for his late visit. He examines his patient. Yes, it is going to be fever. As he retires he says, "I will send you some medicine, and I will call in the morning." The medicine arrives at ten p.m. But from ten a.m. to ten p.m. the fever has not been idle. No, no, it never loses a moment. It is always in a hurry. It never loiters about. It has a work to do, and it is impatient till that work is done. The physic is of no use, it is shilly-shallying, toying with an active disease condition. The doctor drives up at ten the following morning, after having given the fever twenty-four hours' start. And thus delay succeeds delay, days and weeks pass, until at last the fever hurries the patient off the stage of life. Who dares to call this rational treatment? Before twelve o'clock on that early morning, when the first fever symptom betrayed itself, its action might have been stopped, and the suffering, anxiety

and death forestalled. This is no illusion, as we shall discover, I hope, before many months have elapsed.

If you see a burglar fleeing with your property in his possession, you do not stop to ask his name, but you seize him and hand him over to the police whose duty it is to put such questions. So when I see the burglar—Fever—in my house, I close with him on the spot and I never lose hold till I have expelled him, without taking away that which does not belong to him. The advantage gained by one procedure over the other is represented by the difference between 18 per cent. and 2 per cent., the respective proportions of deaths to cases between the drug treatment and its opposite, the nature cure.

The efforts of the drug physician have but one result, to thwart nature and to add to the malignity of the disease, and cannot under any possible combination assist nature. Rank poisons, the virus, the calomel, prussic acid, zinc, strychnia, laudanum, etc., can never assist; their object is one and indivisible, viz., to destroy life. The things which aid nature are the cold water, the pure air, the simple food, and the healthy exercise, and, as Dr. Farr said, "The vigour of their own life is the best security men have against the invasion of their organization by low corpuscular forms of life; for such the propagating matters of zymotic disease may be held to be."

With a moderately-balanced constitution to work upon, Fever, as a rule, should be suppressed and healthy action restored within the prescribed period of as many hours up to three and seven days as before alluded to.

Q. What importance do you attach to depreciatory remarks made by members of the profession at various times with regard to the drug treatment, and will you cite a few examples of modern date?

A. I attach considerable weight to the opinions of good men.

1. The first I advance is by Sir Astley Cooper, who died in 1841. His opinion of Medicine was given without being sought, and runs thus:—"Medicine is founded on conjecture, and improved by murder." Sir Astley Cooper did more than any other man of his age, or any age, to raise surgery into a science, but he had an utter contempt for physic. He saw clearly that physic would never elevate itself to the dignity of a science, and his condemnation of it was as bitter as words could paint it. Sir Astley was a serious thinker; he

measured his words, he said what he meant, and he meant what he said. His shoulders were broad enough to bear the responsibility for a statement whose ruggedness imparts to it the colour of cynicism; but he was no cynic. An opinion like the above furnishes food for serious reflection. No Medicinist has ever shown any disposition to answer Sir Astley's criticism.

2. "Medicine is not an exact science;" [1] so say the authors from whose writings I have so often quoted. This is a negative proposition. The inference is that medicine is an inexact science, which statement, plainly interpreted, means that medicine is no science at all. I take upon myself the onus of affirming that proposition. Briefly, I need no other proof than that which the last work of authoritative medicine has produced, *i.e.*, the Family Physician. The authors admit they have no control over "the febrile eruptive diseases," Smallpox, Cowpox, Chickenpox, Measles, Scarlatina, Erysipelas, and Plague. Note this, therefore, when a doctor goes to see a patient suffering from any one of the above diseases he has no idea what drug to give or what course to pursue. What a desperate state of things! He sends his patient to bed to recover or succumb to the conditions surrounding him, just as they happen to be auspicious or adverse. His only apology for his presence there is, "We may perhaps do some good." He has no principle to guide his action—the dogma of "counter-irritation" is now abandoned. The "expectant" dogma is "on its last legs." [2] Medical practice is not very exact here.

Refer to Table IV., p. 241. The first column is Smallpox, and for that fever no drugs are now recommended. Dr. Copland,[3] in his Medical Dictionary, a work which occupied him 30 years in its compilation, prescribes the following drugs for this disease, viz.: Calomel, Quinine, Antimony, Sulphate of Zinc, Tincture of Opium, James' Powder, Saline Draughts, Tartar Emetic, Ipecachuana, Camphor,

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[1] *The Family Physician*, p. 29.

[2] The "expectant" dogma, the waiting for the efforts of nature is discredited. Bacteriology is the next degraded fad, and it cannot possibly survive the criticisms hurled against it.

[3] Dr. Copland was a most erudite and diffuse writer on medicine, from 1819 up to 1858, and was the first authority on such subjects. Bleeding for fevers, an important part of his system, is now totally relinquished. The medicines he used for Smallpox are now also abandoned. In the domain of drugs Coplandism is becoming "small by degrees and beautifully less." A happy riddance.

Phosphate of Soda, Citrate of Magnesia, Castor Oil, Jalap, Senna, Gentian, Cinchona, Potash, Soda, Squills, Turpentine, etc. These drugs are still used by the old members of the profession in every part of Greater Britain. What a jumble of substances, one often neutralizing the other, all more or less poisonous! Our authors have thrown the whole lot overboard—a most commendable business, but it does not say much for medicine as an "exact science"; it rather tells the other way. Dr. Copland might have been puzzled if some mischievous sprite had asked, "Of the above 21 drugs, which is the true antidote?"

When we see that for two fevers drugs are discontinued where a few years ago twenty-one were prescribed; when we see that for two other fevers only two or three drugs are recommended where twenty or thirty were until very lately habitually employed; when we see that for another fever about a dozen fatally poisonous drugs are still imposed; and when we see an admission that for one special fever the disease will run its course "in spite of drugs and medicines," how can we resist the conclusion that the whole system is a fraud? Of all the sciences that which deals with human life in its changeful attitudes and complexities, whether in attacks of fever or the more serious complications, medical treatment should be the most exact. When such sciences as Astronomy, Geology, and Electricity are receiving daily additions of new facts, new developments and new uses, it is disheartening to see medicine receding instead of progressing, and continually relinquishing old methods, however bad, without acquiring new ones, however good. Under such dispiriting conditions it is absurd to be content with the milk and water proposition that "Medicine is not an exact science." We had better give it up at once and look out for a better.

I have every confidence that in the doctrine of destruction and elimination, as applied to the fevers and to the great body of disease having its source in blood-poisoning, we have a principle which in a few years' time may develop into a science we can speak of as an "exact science." Everything around us, in the earth beneath and in the heavens above, encourage the hope of finding the treatment upon which our hearts are set. That such a provision exists in nature may be reasonably predicated or assumed. If that were not so then we should come upon

the first break in that great system of law and order by which the universe is governed. There is no such break discoverable anywhere. Whosoever is false and misleading, God and Nature are constant and true.

Refer to Table V., page 242. For Smallpox no sequelæ are supplied. This does not arise from the circumstance that there are no sequelæ now-a-days. Dr. Copland fills up the void, viz. : "Mucous complications affecting nose, mouth, larynx, trachea, œsophagus, stomach, intestines, dyspnœa, chest oppression, acute tracheal-bronchitis, congestive pneumonia, bronchitis, broncho-pneumonia, affections of digestive mucous surface, of the sub-cutaneous cellular tissue, asthenic inflammations in back, hips, elbows, scrotum, legs, and other parts, ophthalmia, contamination of circulating fluids, affections of brain and nervous system, variolous, pleurisy, pericarditis, endocarditis, diarrhœa, dysentery, atrophy, hæmaturia, disease of kidney, liver, spleen, bladder, premature births, etc." Dr. Copland is particular in his diagnosis of the sequelæ of Smallpox, however discursive he may be in his drug treatment. I have seen many of the above diseases or sequelæ, the severest of them, following the drug treatment of Smallpox within the last six months. What a caricature of exactness !

In Table IV the drugs particularized for the eruptive fevers are strangely on the decline—Smallpox none, Measles none, Scarlatina two, and Erysipelas three. If Dr. Copland could rise from the dead and peruse Table IV. he would say, "Stand aside, let me go back to my rest, physic has gone stark mad."

With few variations of importance the drugs used for Smallpox were until very recently utilized for all the other fevers.

I must also say that the complications given by our authors in Table IV. do not represent a tithe of the sequelæ which supervene upon the drug treatment. Dr. Copland is not exhaustive, but to compare his list for Smallpox with "none given" in Table V. detracts from exactitude in the science of medicine.

Why this secretiveness ? Why should not the people know the formidable dangers attending neglect, aye, or mismanagement, of fevers ? Answer—the Medicinists' interest is in disease, not health.

I dread to record the statement because my reader cannot without much thought grasp the significance of it, that "a great mass of

disease" in the country arises from its defective and unnatural treatment. Fevers, eruptive and non-eruptive, spring into being from insanitary conditions, but a great proportion of such fatal diseases as Phthisis, Bronchitis, Pneumonia, Convulsions, Diarrhœa, Atrophy, etc., are attributable to fevers which have been mismanaged under the drug treatment. The blame belongs distinctly to the system. I illustrate what I mean by that observation in the next Relation, viz.:—

Relation 53.

About seven years ago the manager of a Hydropathic establishment situated within the limits of Greater Britain, not a member of the profession, had a son cultivating a taste for medicine. With the object of securing some *professional* assistance in the management of a responsible and growing establishment, it was decided to place the youth under an allopathic practitioner in a neighbouring town. This was accomplished, and after six years of active service and persistent study, the young man obtained his diploma, and at once returned to the sanatorium. He did not settle down comfortably; he hankered after the physic, and there were frequent tiffs between the two. He was disappointed not to prescribe his calomel and quinine. He was dissatisfied with the water cure of whose powers he had small experience. He was looked down upon by the allopathic fraternity, and he did not see why "Jove's satellites" should be "less than Jove," and he begged to go into the "regular practice."

It was at length proposed, without more ado, that the youth should remain six months longer and if at the end of that term he still desired to practise the drug treatment he should be allowed to do so; but it was a distinct understanding that if he transferred his attentions to physic, his father, who had already given him his medical education, should not be expected to buy him a practice. He had to work his way as others had done before him.

During the interval the father showed his *protégé* the hidden forces of Hydropathy, and how disease could be controlled, symptoms relieved, and health re-instated. He was careful to demonstrate that there was no healthy effect physic contemplated which could not be compassed under hydropathy with far less danger, and with more appreciable results both to patient and physician.

When I called again, six months ago, I enquired, "How does the young doctor work now?" My friend replied, "His tastes have undergone a thorough change. He takes pleasure in his duties and the patients like him. He has seen effects produced by cold water and the Turkish bath, which the drug physician cannot emulate We get on very well together and in a year or so I can enjoy a few months' absence from home, and gradually withdraw myself from the management."

This student was perfectly upright in his conduct. His experience was in allopathic teaching. He was satisfied even when he witnessed its helplessness. Just as the hand-loom weaver was content till he saw the wonderful power and results of machinery; and as the journey by coach was enjoyed till it was eclipsed by the comfort of a first-class express. But when this young man patiently watched the cold water cure and saw its splendid effects he was enraptured—his hesitancy fell at the feet of that which was to him a new born force. He was honest, but badly instructed. His education was begun on wrong lines.

> The members of the medical profession may be honest, but that is not enough. In these days the question is, "Has he the best methods? Does he know the shortest way to a cure? Will his work stand proof?" The drug treatment is out of date; it can only exist upon a cure lengthened out to the utmost stretch, and its remedies are untrustworthy, defective, and costly.

After the above divergence I now resume the argument.

In Table IV, and this is my last reference, it is said of Measles, "There is no antidote for Measles and in spite of drugs and medicine, it will run its course." Drugs then are of no use here. Our authors admit they have no physic, and no control over the Eruptive fevers; then why did they give any drugs for Scarlatina and Erysipelas? If of no use, why show any in the schedule? But, helpless for Eruptive, drugs are equally useless for the non-eruptive fevers; and of no avail for the fevers, they are of no advantage anywhere.

Dr. Quain, as quoted at p. 90., says,—"There is no specific for Smallpox; its complications or sequelæ, and the treatment is therefore to be conducted on general principles." By reading over the list of the sequelæ or complications of only one fever, *i.e.* Smallpox, quoted a few paragraphs above, it will be seen how vast and diversified are the diseases so certified by Dr. Copland, the fierce foes which hang on "the broken rear" of fever.

If one had time to go through the eight fevers in Table V, and to supply the full list of diseases under the heads of sequelæ and complications, there is scarcely a disease now utilized as a death-cause, apart from accidents, suicides, malformations and so forth, but that disease is referred to as a sequelæ of fever. I have enforced that idea in former pages, and I mention it here incidentally and confirmatory; it also illustrates the statement that fevers are so important not only in themselves but relatively, and that to prevent the mortality from severe diseases we must begin with milder forms of disease—fever; and that in curing fever in its first onset we not only save life, but we avoid the sequelæ, and we strengthen and invigorate the race.

But where is Medicine? Ah, there's the question of questions. Under no conditions is medicine an exact science, and not being exact it has no claim whatever to be considered among the sciences; it is neither exact nor progressive; it is not stationary, it recedes. The true synonym for the drug treatment and it is now some centuries old, is —quackery. If that be so, and the proof I have furnished as well as

it is possible to do so, is it not a standing disgrace that the profession should so persistently ignore sanatory remedies which are uniformly fruitful, beneficent and merciful?

3. Dr. Copland, p. 833, quotes Dr. Gregory, who in treating on fevers, says "It is a melancholy reflection, but too true, that for many hundred years the efforts of physicians were rather exerted to thwart nature, and to add to the malignity of the disease, than to aid her in her efforts." I maintain that this statement is as true now as it was when Dr. Gregory wrote it, perhaps half a century ago. Neither in private, nor hospital practice, is there any active treatment for fever; it is "a melancholy reflection." I believe that the per centage of deaths to cases 300 years ago, was less than it is in our times. Dr. Marson, in his reply to Mr. Jacob Bright, admitted that there is no saving of note comparing the present with the past treatment of fevers, nor is such claim ever made. I do not look for it, and if I saw it I should at once begin to enquire the cause, knowing it could not be in the drugs. The generally accepted statistic of deaths to cases is 18%, and this average dates back for several hundreds of years.

If Sanatory remedies were introduced into medical practice, the mortality in my opinion might be reduced to 5%, and eventually to 2% as a minimum figure. This 2% would not die of fever, but to some complication interfering with the cure. Is it possible for me to say anything more poignant in order to rouse the susceptibilities of all English speaking peoples? The pain and agony, and the death, are attributable to the treatment, not to the fever. I hold that no patient of either sex, old or young, rich or poor, should die of fever. Sydenham, 300 years ago, gave expression to the self-same idea. Priessnitz cured 600 Smallpox cases without creating a statistic of per centage. Anthony Spencer, of Keighley, cured 175 cases at the sacrifice of 1 death. Mr. Fox of Sheffield, treated 200 cases at the cost of 1 death. Other instances might be given, but all these cures and results were wrought by non-professional men, emphasizing the supreme folly of endowing one section of the community with a monopoly of cure. This charter will have to be abrogated. There is the amplest protection to mankind under "free medicine" in this, that the man who devotes himself to the cure of disease will always be responsible to the law if he should make a mistake, or lose a life. What greater security

could we have ? At present we have no security whatever, and we are paying dearly for our want of wisdom.

I vouch for the accuracy of the subjoined Relation as I had it at first-hand, viz : Mr. Wm. Herring, of Leeds, treated 500 cases of Smallpox at Sheffield in 1887-8, and of all those who went to him in the first instance, and the greater proportion did so, he had not a mortality of 1% ; whilst of those who submitted themselves to his remedies, after being some days under the drug treatment, he lost from 6% to 7%. Out of 500 patients only 13 died. The Local Government Board know this to be so. No invitation to test his treatment has been transmitted, and for the reason that the officials there have but one interest—professionalism.

To the profession, whether inside the College of Physicians, or outside in the offices of the Local Government Board, these matters are not questions of Public Health. The first question is, How does this affect medicine ? And a silence obtains for years deep as that which is said to have reigned in heaven on the breaking of the seventh seal, for "about the space of half an hour."

Q. You supplied an extraordinary Relation of a cure of Puerperal Fever. I am interested in the cold air treatment, have you any further notes on the subject ?

A. Most of the Relations and cases in this work are such as have come before me personally, or been communicated directly to me. The following Relation refers to the effects of cold air on a patient under somewhat singular conditions, viz :—

Relation 54.

In the Smallpox epidemic of 1887–8, in a Northern town, Mr. Herring busied himself in attending to patients, and cured many of them with very harmless but active sanatory remedies. During his stay of several months he was told the following incident, viz, :—In one of the crowded hospitals a patient lay in an unconscious state. He was in a dreadful condition, and was as near death as a patient can be to be alive. At this juncture, there being a demand for accommodation, his room was more desired than his company, whereupon two atttendants, on their own authority, placed him upon a stretcher and proceeded to carry him to the dead-house. When they had gone some distance they inquired of each other if the means of access were in possession, and finding the key was in the care of somebody else, they laid the dying man on a low wall whilst they returned to the main building to find it.

This incident happened about ten o'clock on a cold December night.

Reaching the hospital, the two thoughtless men could not discover the whereabouts of the missing key. Nothing daunted, they occupied themselves

inside the hospital, and in paying sundry visits to the neighbouring public-house. Between three and four o'clock in the morning it suddenly dawned upon them that one patient, dead or alive—they knew not and perhaps cared less—was outside, waiting admission to the temporary mortuary. They found the key at last, and on going into the yard lantern in hand, to their utter amazement, the man had partly recovered his senses and was walking about in a sort of half-dazed condition. They put him on the stretcher, carried him to the apartment where "strait jackets" are in request, put one on, and left him there. Going to the beershop they retailed their recent experience to the landlord, finishing off with the observation, "that beggar won't go wandering about again in the dark." When they went into the room some time afterwards where the poor man lay, to see how he was, they saw he had escaped from that inhuman torture-chamber—he was dead.

The "cold" air resuscitated the patient, which physic was powerless to do, and rational treatment for a few hours would have saved this patient's life. Country Smallpox hospitals, full of patients, are left by medical men for hours together, and whole nights consecutively, to the care of nurses and ignorant attendants. If the public knew a tithe of the scenes enacted within such buildings they would say with me, "It is high time that we had a change of treatment." In large hospitals medical men live on the premises. Country hospitals, in epidemic periods, have no such accommodation. A few months ago I visited one of these hospitals, and I saw some thirty patients there, most of them in a sad and disgraceful plight, and judge of my surprise when, at seven p.m., I met the doctor in the town, in evening dress, a cigar between his lips, sauntering along as if he had not a patient in the wide world. In that hospital four or five were dying, more than that were delirious, a few half conscious, and some in the crisis of the fever. There was not a glass of water, a wet bandage, or a bath in use, and the thirty patients were in charge of a woman, in my opinion, totally unfitted for a position so responsible.

It is under circumstances of this sort when the drug system, with its crudities and inconsistencies, is forced upon the mind, and men see it in its true light—a hopeless system.

I had two or three words with the doctor. By way of gentle rebuke I observed, "If I had charge of yonder hospital, day or night, I should never leave a patient for a moment; I should sleep in the dormitory." "That would not be from taste," he retorted. "No," I replied, "it would be from a sense of duty. Under your treatment the patient and his condition excite disgust, and you are glad to escape from his presence; under sanatory treatment the patient and his surroundings are cleanly and sweet, free from Smallpox odours, and there is no infectious matter about to alarm either visitor, or attendant." My reasoning was so utterly opposed to his ideas and experience that he could not appreciate its force. I did not visit him with my maledictions; inwardly I cursed the system under which he worked—what a drudgery it must be. Nevertheless I determined in the interests of the poor to do something reformatory of hospital practice, to introduce a measure of relief to all those who suffer from a medical system whose defects are burdened with peril.

If I had the planning of a sanatorium I should certainly include a cold air bath—so cold that the vapour from the breath would crystallise before it touched the ground. I know cases where this bath would be of service.

Q. Evidently it is your opinion that Physicians will never adopt

Sanatory remedies. If they did, it would involve a practice antagonistic in all its methods? The Physician would either have to rent a separate building for a private hospital, with Turkish and other Baths, and provide a staff of bathmen, bathwomen, and nurses; or he would have to give tickets of admission to a public sanatorium to be erected on a large scale. He could not attend personally to his patients. How would you advise?

A. I see the force of your argument.

With regard to fevers, in their changeful manifestations and in their management, every woman in the land, in the middle and upper classes, should be her own physician to her own household. By an effective system of instruction in Sanatoriums devoted to that object, this end could be gained, and at comparatively small outlay, because such institutions could be made practically self-supporting by affording facilities for the prompt treatment of fevers amongst the labouring classes and others who had not bath appliances at home wherewith to promote their cures.

It would not be difficult to obtain 25 men and 25 women in each town of 150,000 inhabitants, and so on in proportion to the population of each town, to instruct them in their duties, to give them a certificate of fitness, and fix a table of charges. Men and women could be selected from the great army of nurses, who would furnish suitable recruits. Medical men would never do sanatory work. The fever treatment is no sort of occupation for a highly educated man of science; it is a question of "wash and be clean."

It may be asked, "Why press for such great additions to the numbers of those able to undertake the management of disease?" For this reason, medical men could not undertake to treat patients sanatorily because of the time occupied in the personal treatment of such cases. Take two illustrations:

Relation 55.

1. I was told the following incident in an Insurance office in the City of London, only a few months ago. The examining doctor was ten minutes late. He was asked the reason, and, in confidential tones to the Secretary, he made the following excuse, viz.:—"This morning is one of two per week set apart for my poor patients, from nine to ten a.m. I had 60 patients. I did one per minute. Each patient brought his or her own bottle, and I supplied them all with the same medicine, from the same vessel, but it took me ten minutes to drive up here." This same scene is enacted from one end of the country to the other, doubtless with

variations as to the time occupied, but little or none with regard to the nature of the physic supplied or the treatment. But this is no treatment; it is playing fast and loose with disease.

2. Many years ago, during the lifetime of the late Dr. Craig, of Ilkley and Leeds, I met that gentleman by the bedside of a friend, who, in consequence of business disappointments and impending difficulties, was in a nervous condition, indicative either of paralysis or apoplexy. Dr. Craig was then practising Homœopathy at Leeds, but he had previously the charge of a Hydropathic institution at Ilkley. I suggested a pack. The patient overheard the observation, and whispered, "If anything can save me, that will." Dr. Craig instantly dismissed his brougham, doubled up his shirt sleeves, and, by united effort, we had our patient in the pack in less than twenty minutes. We sent out for a glass tube, and administered repeated draughts of iced water; we applied cold bandages to the forehead, and opened both windows to admit the fresh air. In a few minutes our patient was fast asleep. He woke within the hour, in a profuse perspiration. We uncoiled the sheets, and placed him in the slipper-bath close to the bed-side, cold pail douche, exciting friction with a warm dry towel, and the doctor transferred his charge to my care, half cured, and went home to lunch before finishing his day's round. He was engaged nearly two hours in conducting this process. Our grateful patient was in his office in two or three days, and is living now. Sixty patients treated in this way would occupy a man for six or seven days, instead of sixty passing through the hands of a doctor in the course of as many minutes. Illustration No. 2 shows what active sanatory treatment means, and No. 1 shows what the drug treatment really is—an obscure and antiquated system.

I have given the two Relations by way of contrast. Examples beat argument hollow. Medical men will fight against the Sanatory treatment of fevers and their complications, not only because of the rapidity of their action on the body, reducing the fever, and performing a speedy cure, but because of the educative character of the system transforming the patient into a physician, and thus delivering a piquant blow against professionalism. Many considerations, each important in its way, will incline medical men to give a casting vote against the introduction of Sanatory remedies. It seems a heartless argument to refer to interest in matters where health and life are concerned—self-interest is a factor, and it has to be met in as generous a spirit as we can import into it.

A new medical institution is projected for the study of "Preventive Medicine," but that only deals with Sanitary science as a preventive, excluding Sanatory science as remedial. The latter is the science in which the nation has the greatest interest. Medicine will never allow that clause to be inserted into its prospectus. There is no middle way between Sanatory science and the total abnegation of professionalism. It must be clear to any unprejudiced mind that the

system I am enforcing demands physical qualifications rather than mental acquirements, seeing that the cure for fever and other minor ailments will, in a very short time, be purely mechanical and will not necessitate what goes by the name of "medical supervision."

A calm perusal of my work will, under any circumstances, produce a marked effect upon the public mind. Let the people once see what a thoroughly helpless thing physic is, and they will soon begin to cast about for a stronger man to champion their interests, and a more reliable system in which to repose their confidence.

Q. You have not said much as to the principles on which Hydropathy, and the Turkish Bath, are founded?

A. For this reason, viz., the principles and methods of each treatment have been shewn and demonstrated during the last thirty years. Hydropathy and the Turkish Bath are acclimatized and well understood generally, at any rate by those who take an interest in health questions. Patrons of Hydropathy in the four kingdoms may now number half a million, most of whom are heads of families, and the patrons of the Turkish Bath may number a quarter of a million persons. In both departments of cure the progress has been slow,

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[1] I can see before me, in the near future, a period of storm and trial for the whole body of drug practitioners compared with which their former anxieties and difficulties, when so many seceded and went in for Homœopathy, will be light as gossamer. The world is growing weary of the art of medicine. In the troubles at Astrachan, in the present epidemic of Cholera, we see the first expression of deep discontent which will accumulate energy more rapidly as it approaches the final struggle with a system of treatment which is becoming more unpopular every day. Neither should this excite our astonishment or our apprehension. The physician is not curing disease—nay, he is not touching it.

Blood-poisoning, as I have shown, is the great parent of fevers, and fevers mismanaged are the feeders of diseases whose fatalities ought to alarm all the nations upon earth.

The blood is the life, and in one significant sense it is the guardian of life. When there is danger at hand arising from the presence of specific poisons, the blood is the electric cable which conveys the news. Animal matter undergoing the process of disintegration developes Diphtheria, and chilliness, pains in head and neck, debility and thirst, announce the approach of an enemy it were better to conciliate as soon as we can. Fœcal matters passing into decay produce Typhoid, and weariness, pain in limbs, nausea, and giddiness, show the character of the coming danger. Vegetable matter in a state of putrefaction induces Scarlet Fever, and sore throat, headache, high temperature and rash, describe the chieftain riding in command; whilst unsanitary surroundings and overcrowding open the door for Smallpox, and pains in back, headache, prostration, and sickness, indicate the designs of the brigand knocking at the gate. Poisons affect the blood, producing disease and death, and yet a whole system of treatment is based upon blood-poisoning. Blood-poisoning with effete animal virus at three months of age, and blood-poisoning with mineral and vegetable poisons all the way until the sod covers both victim and doctor.

but it has been sure. Those who frequent either institution are men and women who have read up on the question, and are able to give a good account of the faith that is in them. Most of the medical advocates of Hydropathy have ventured into print, but the most voluminous and practical author is Dr. Edward Johnson whose "Domestic Hydropathy" is well known and much used. As to the Turkish Bath the only author of importance is the late David Urquhart, M.P., to whom the nation is indebted for its introduction and for his lucid exposition of the action of "Heat as a mode of cure, and a source of strength."[1] Dr. Barter was the first medical man who utilized the bath as the leading feature in his treatment.

Q. There is a large section of the community, including the migrates, ne'er-do-weels, drunkards, dissolute, abandoned, laggards, poverty-stricken, and the out-o'-works, who are a perpetual element of danger in Epidemic periods. Can anything be done to lesson this danger?

A. Yes; and they are equally an element of danger in non-epidemic periods too. In every day of their lives; nay, in every moment, these people are in constant contact with decaying matter, matter which, under certain well-defined conditions, is to them the breath of the pestilence. This matter is in the air they inhale, in the water they drink, and in the food they eat. There is the organic refuse in the street, as well as in the house, to add its share to the noxious vapours which affect human life at so many points; and, to crown the whole, the matter thrown off by human bodies, in an active state of disease, is an additional and fertile source of mischief. Change is written upon every atom of matter, and some of those changes are inimical, whilst others are favourable, to the healthy development of man in the various stages of life.

At no distant date these people will have to be dealt with by Parliament. Their children are growing up in defiance of law, morals, and religion. Too often they escape the meshes of the

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[1] "Manual of the Turkish Bath," London, 1865, Churchill & Sons, New Burlington Street, edited by Sir Jno. Fife, M.D., Senior Surgeon to the Newcastle Infirmary. I never saw the book till I had finished my own work, or else I should have given several excerpts from it. To those desirous of learning something about the principles of cure in connection with the Bath they cannot do better than consult this contribution to the literature of the subject.

Education Acts, the notice of school inspectors, and the police ; they have to live as they may, in the streets, on such little jobs as they can find and which are peculiar to their tribes, in thieving, or begging, till they can appear respectable enough "to get on to the papers." These are the unkempt army of "Unvaccinated," not good enough even for that wretched incident in our civilization—vaccination ; no, but from year to year, and from age to age, they are the great army who swell the mortality from Phthisis, Pneumonia, Bronchitis, Atrophy, Diarrhœa, and Convulsions ; in Epidemic periods they exaggerate the mortality from Smallpox, Typhoid, Scarlet Fever, Measles, &c. The majority of these poor little unfed waifs and strays perish before they attain their fifth year, and comparatively few survive their tenth year, and in view of their dreadful surroundings I am not now about to quarrel with that merciful arrangement. I have estimated, in an earlier chapter, that to deal with this unfavoured section of the community it would entail an outlay of three million pounds per annum ; but how much would come back in the reduced outlay in the administration of justice, in the cost of our gaols and police, and in the greater amounts spent in lunatic asylums, hospitals, dispensaries, convalescent homes, &c., is not for me to say. Under economic management the above estimate might be much reduced.

Q. Do you not consider that there is great ignorance displayed by Medicinists with respect to the Vaccination controversy ?

A. In conversation some few months ago with a physician, he said to me, "Until I resided in this town, where Anti-Vaccination views prevail, so ignorant was I of the whole controversy that I thought the present Sir Wm. Jenner was the party who introduced Vaccination." I observed, "It is a proof that you were not instructed on the subject during your medical studies." He replied, "I never heard the question once referred to." Here is the cue to the lamentable ignorance which reigns supreme in medical circles. Continuing, he observed, "At the period above referred to I could not have explained, intelligently, wherein the difference consists between Inoculation and Vaccination."

Q. Does not the ignorance referred to affect the public, who cannot help noticing it ?

A. Twenty years ago I met Mr. Alderman Tatham, late Mayor of

Leeds for two consecutive years, in the streets of that town. We were discussing some recent prosecutions when he observed, "One reason why I think so little about Vaccination is that medical men think so highly of it."

Q. Is it your opinion that medical men are generally agreed that Vaccination is a safe prophylaxis?

A. Dr. McVail, in his "Vaccination Vindicated,"[1] says that so far as medical men are concerned, "*There is no vaccination Question.*" Implying that medical men are so satisfied with it that doubt never obtains a footing in their untroubled minds. How can doubt arise in a mind where there is no knowledge and no desire to know? Doubt is as frequently the child of ignorance as of knowledge. But the doctor will not doubt. Two years after Dr. McVail had given his thoughts to the world, Dr. Creighton wrote, "It is difficult to conceive what will be the excuse made for a century of cow-poxing; but it cannot be doubted that the practice will appear in as absurd a light to the common sense of the twentieth century as blood-letting now does to us."[2] How much I pity this undoubting illusionist! Skin printing must come to an end. Again, at p. 167, he says, "In these 90 years Vaccination has been the direct means of saving more lives and preventing more misery than any single discovery that has ever been made in the history of humanity." Posterity will never forgive this man for formulating so fearful a statement. Future historians will settle accounts with him. In his next edition, I advise him, in the interests of truth, to substitute for the two words "saying" and "preventing," the words "destroying" and "occasioning." At p. 168, he speaks of "the terrible epidemics" which early in this century left their mark "in the scarred and blinded victims forming so large a proportion of the individuals whom a man would meet in an hour's walk along a public thoroughfare." Thereby hangs a tale. My work will go far to throw a different light upon that subject. The world has a deal to learn with regard to the true history of Inoculation and Vaccination.

Q. Sir William Jenner was examined before the Select Committee on the Vaccination Acts in 1871, was he not?

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[1] "Vaccination Vindicated," p. 169.

[2] "Jenner and Vaccination," p. 354.

A. Yes, he was.

Q. What particular expression of opinion, as to Vaccination, did he give?

A. Sir Wm. Jenner, when asked in question 4515, whether with his knowledge and experience he did not consider himself justified in recommending vaccination to parents, says, "I should think myself wicked, and really guilty of a crime, if I did not so recommend."[1] Sir Wm. Jenner believes what he says, yet vaccination is a craze notwithstanding. Sir Hans Sloane believed in Inoculation when he advised His Majesty George the First to have his children operated upon, which he observed "succeeded as usual," and yet Inoculation is now a penal offence. What a commentary upon the advice of a doctor who advised his King! But Dr. Jenner will probably go to his grave with Vaccination on the brain, just as Sir Hans Sloane in the matter of Inoculation was his greater antitype. These men seldom see their own errors, and consequently do not correct them.

Are Kings, Queens, Princes, Parliaments, and Peoples to be everlastingly misled by thoughtless medical advisers such as Sir Hans Sloane, and his later followers—men who can never can see the folly of a theory if a brother professionalist has published it.

Am I overstepping the bounds of prudence when I say that the nation ought to know, after 20 years of silence, whether Sir Wm. Jenner holds the same opinion yet? Scientists of the eminence of Sir Lyon Playfair and Sir Henry Roscoe ought not to withhold their evidence. Men of scientific attainments in defending medical practices must be regarded as medical advisers.

I hold that no man, Surgeon or Scientist, however great his knowledge, can defend blood-poisoning, with an effete animal virus, without injuring his fair fame, not only in this age, but for ages to come. Posterity will justly speak of him as a quack.

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[1] See Report of "Select Committee on Vaccination Acts (1867)" p. 259.

[2] An old author tells us that—"In the Troglodytes' country, somewhere in the upper reaches of the Nile, there is a lake for the hurtful water it beareth, called the 'mad lake.'" England is the modern "Troglodytes' country." Instead of a "mad lake" we culture and distribute a "mad virus," compulsorily inserted into the blood under the specious pretence that it is a prophylactic for smallpox. It is one of the mad freaks of a madder medical system. Let us hope that humanity will soon disencumber itself of these intermittent manias—Inoculation, Vaccination, Pasteurism, and Kochism; and by trusting to purer remedies promote the healthier conditions of the people.

Q. Have you formed any opinion, judging from your long experience and knowledge, on this much debated question, as to the probable mortality in England and Wales, directly and indirectly, from vaccination?

A. Yes, to a certain extent. I estimate that it directly involves a sacrifice of

FIFTY TO EIGHTY THOUSAND LIVES PER ANNUM,

about one thousand to one thousand five hundred lives per week, and I represent that as a very low estimate indeed.

Q. Would you say that these are all of infants under five years, or of children under ten years of age?

A. No; I would fix the limit up to twenty years of age, leaving those who die from the effects of vaccination at later periods out of my calculation.

Q. Then the 80,000 per annum you speak of would not include those who perish from the indirect operation of the rite—*i.e.*, inherited tendencies—at all periods?

A. No. A computation of the vast number of those who annually fall a prey to the morbid effects of invaccinated diseases communicated to former members of their families, say 40, 60, 80, or 90 years ago, is a question too large for a probable or approximate estimate to be cast. But that mortality is continually on the increase; it is spreading its wings over a greater area daily.

Q. Then you do not mean that, taking the average vaccinations in England and Wales at 600,000 per annum, if the observance were discontinued on January 1, 1893, the nation would save 50,000 to 80,000 lives in 1894?

A. Probably not. In 1894 we should very likely witness a decrease in the mortality of 25,000 to 35,000 persons, increasing up to the total of 80,000 lives within three or five years from that date. The full benefit to the nation from the discontinuance of vaccination might possibly extend over three generations yet to come. Morbid poisons, such as the virus of vaccine, intensified and complex by reason of other diseases being invaccinated with it, are far too fixed in their character to be eradicated within a specifiable period.

Q. Have you any data which you can offer as justifying that opinion

A. Only that which attaches to such evidence as is usually accorded to an expert. For forty years, I may say, this subject has been before me daily. Twenty-five of those years were spent in one of the five largest towns in England, lecturing, writing, editing, and investigating cases of injury, my life passed away in one continued state of excitement, inquiry, and accumulation of facts and experience. I was regarded as an authority upon the subject. I was a disinterested student, and a maker of history.

My late friend, Dr. Wm. Farr, thirty or forty years before his death, in speaking of the slow action of municipal authorities, said, if such bodies were equal to their responsibilities and their privileges 30,000 lives per annum might be saved in England and Wales. That opinion he circulated, and no man questioned its probable truth. My opinion, as above expressed, rests upon the same basis. I yield to no man in England in the calm, disinterested, and conscientious judgment formed during long years of patient study, as to the fearful consequences both on child and adult life resulting from blood-poisoning in vaccination.

It may be that I shall be blamed for hazarding the opinion above expressed. Possibly. I challenge the verdict of history. What I have written, I have written.

Q. I venture to put another question. Have you made any estimate of the mortality from fevers, as you put it, badly managed under the present system?

A. My opinion is that if vaccination were abandoned, and fevers treated under the Nature cure, there might be an annual saving of 120,000 lives. Vaccination has a good deal to do with the fevers in superadding to the natural susceptibility to zymotic influences, which all men have in common, a taint which is permanent and wholly due to the first sin of blood-poisoning. How far that first communicated taint may determine and intensify the morbid receptivity to the action of such poisons in the future, be they germs or organisms, is far beyond my gifts of prediction. When Jenner's virus is committed to the charge of the deep sea, I shall be quite prepared to witness a significant fall in the mortality from the fever group of diseases, far in advance of any computation I have suggested.

Why the public take so little interest in the vaccination question is

due to one consideration, viz., the confidence they place in the opinion of the physician. Now the physician has no greater facilities for formulating an accurate opinion on the matter than those by whom he is surrounded. We give medical men credit for knowing more than they do. And we are glad to shift the responsibility of knowing, or the duty of obtaining that knowledge, from our own shoulders on to the backs of those whom we imagine we pay for doing what is really our own work. The result is that we confide in and pay for knowledge which nobody has, and in that way superstition keeps its head above water. Not one in a hundred, all of whom perform vaccination, knows the full effect of his act in the operation. It is better for him and for his peace of mind not to know. Naturally, he prefers that state of Nirvana. In a business view of the matter I cannot censure him. But with my scruples against blood-poisoning, if I were a physician, and in the receipt of £500 a year from vaccination, I should do as my late co-worker, Dr. Wm. Collins, did—sacrifice every sixpence of it, and trust to a more agreeable mode of gaining a livelihood. There is not in the various walks of life so contemptible a method of "making a living" as that comprised within the duties of a "public vaccinator." My disgust for this costermongering trade is unbounded. I regard it as the worst form of human slavery.

Q. Some six years ago you issued a slip, which was largely circulated, from which I give the following quotation, viz. :—"For thirty-four years I have been a close and observant student of the vaccination question, and in particular upon that phase of it which refers to the influence of vaccination upon the mortality of the people. It is my decided opinion that vaccination is the direct cause of 50,000 deaths per annum in England, Scotland, Ireland, and Wales." It would add very much to the value of that opinion, coupling with it the one above referred to, if you could supply some confirmatory statistical data.

Although you have ignored statistics you do not intend to depreciate their value when supported by experience, as in the case of Leicester?

A. It may be imagined that in ignoring statistics, I am disparaging the evidence given before the Royal Commission by my friends Mr. J. T. Biggs and Mr. Alexander Wheeler, of Darlington, and others. Not in the least degree. Mr. Biggs' work is a monu-

ment of human industry and research. Mr. Wheeler's is on the same lines, and deserves every praise. Mr. Biggs' statistics have smashed into smithereens the case for vaccination as presented by Drs. Simon, Seaton, Buchanan, and Barry. The medical officers of the Local Government Board are writhing in agony of soul beneath the lash of Leicester. No pity for such men.

Dr. Alfred Russel Wallace, an able writer on our side, in his pamphlet, entitled "Forty-five years of Registration Statistics," published in 1885, made a fatal admission when he said, "The utility, or otherwise, of vaccination, is purely a question of statistics." Thirteen years prior to the appearance of that opinion, I wrote, "Vaccination is either true or false independently of any statistic." I have held that view for nearly half a century, and in a personal petition presented to the House of Commons in 1853, along with several others, I urged that vaccination was blood-poisoning, and that other diseases, such as syphilis, leprosy, scrofula, scabies, and mania, were inoculated and disseminated in the operation. In several works written during the years 1871, 1872-3, and 1876, I enforced the same conclusions.[1] True I have used the statistical argument, but it has never been the principal idea in my teaching.

And when Mr. Biggs determined to meet the Medical Officers of the Local Government Board before the Royal Commission, with weapons of their own selection, he did so more from a sense of duty and chivalry than from a belief that statistical evidence was the final appeal which would ultimately decide the issue.

Statistics are as impotent to distinguish the true from the false in Vaccination, as statistics are to settle the rival claims of Confucius, Mohammed, or Gautama, in the matter of religious faith and practice.

What reliable comparison can be even conjectured between the mortality from Smallpox during the 17th, 18th, and 19th centuries, when we know that such mortality was to an unknown extent occasioned by the ignorance of the profession in the treatment of the disease?

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[1] Vaccination: A letter in reply to an article in the *Leeds Mercury*, 1871. The *Anti-Vaccinator and Public Health Journal*, 1872-3. Anti-Vaccination: Medical Statistics exposed and refuted, 1876. The above works are now out of print, but can be consulted in the Library of the British Museum—Catalogue, No. 136; or in the Library of the Royal Statistical Society, London.

It is admitted on all hands that the epidemics of the 18th century were intensified by the infection which carried the disease from city to city, from house to house, and patient to patient. The subjects of inoculation became as much centres of infection as those who had taken the disease in the natural way. I have shown that the principle of infection is a cultured product due to insanatory treatment and is not a necessary adjunct of the fever. Considerations so important as the two above-mentioned unsettle all our theories and illustrate the extreme danger of placing our confidence in what may well be described as "the bare statistic."

The Leicester statistics are not "bare" statistics; they are Vital Statistics, being the outcome of nearly twenty years of sanitary work. Sanitation and Isolation are the two charms which have brought freedom from small-pox mortality to a city whose authorities have taken little account either of the Local Government Board or the Vaccination Laws.

But now to attend to your request. I have ignored statistics in this work, but as the above opinion bears upon the domain of figures, I will show you how I may be able to justify it to your satisfaction. The only helpful statistic is to be arrived at by comparing the mortality of a town or district where vaccination is inoperative with another town or district where vaccination is well carried out. About two years ago I suggested a comparison of the death-rate between Leicester and England and Wales. In 1890 I asked my able co-worker, Councillor J. T. Biggs, of Leicester, to work out these calculations. At that time he had not the means before him. Early in September, 1892 he paid me a visit, and I put the matter to him again. In a few days afterwards he sent me the following statement.[1] I give it in his own words, viz. :—

"Perhaps in the whole range of Vital Statistics it would be

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[1] I had written the seven replies to the above questions without an idea that I should be able to obtain from Mr. Biggs the calculations bearing on the subject. But a pop visit from that gentleman led to a renewal of my request and a promise to supply the statistics, favourable or not. I never dreamt the comparison would turn out so damaging; nay, so utterly confounding to our opponents.

I think the figures would form a basis justifying an impeachment of the Medical Officers of the Local Government Board who support the vaccination craze.

We are beginning to realise the nature of those powers which invest vaccination with such terrible import.

impossible to find a more conclusive example of the superiority of Sanitation, as compared with the influence of Vaccination, than by contrasting the Death-rate of Leicester—a town famous for its opposition to Vaccination—with the Death-rate of the whole of England and Wales. This test is severe, because it is a comparison between the Death-rate of an *urban* and *manufacturing* population (Leicester), with an *urban* and *rural* population taken together (England and Wales). The following table sufficiently explains itself:—

COMPARISON OF THE DEATH RATES FOR LEICESTER AND THE DEATH RATES FOR ENGLAND AND WALES, ACCORDING TO THE RETURNS OF THE REGISTRAR GENERAL, IN QUINQUENNIAL PERIODS FROM 1868 TO 1889.

	1868-72.	1873-77.	1878-82.	1883-87.	1888-89.*
Average Annual Death Rate per 1000 living in Leicester	26·8	24·5	22·2	19·9	17·4
Average Annual Death Rate per 1000 living in England and Wales	22 2	21·4	20·2	19·2	17·9
Difference against Leicester	4·6	3·1	2·0	·7	·5 in favour of Leicester
Fall in the Vaccination Rate for Leicester, while for England and Wales Vaccination remained nearly stationary	91·7	80·0	66·7	29·9	5·1

* An average of two years only is taken, because when this table was prepared the Registrar-General had not issued an Annual Report since that for 1889.

It will be seen from the above table that in 1868-72, with the Vaccination rate at 91·7, the Death-rate for Leicester was 4·6 above the Death-rate for England and Wales per 1,000 living. The average annual population of Leicester during those five years of high Vaccination was 92,873. Therefore, no fewer than 427 deaths took place in each year, or a total of 2,135 more deaths for the five years than should have occurred, had the Death-rate been the same in Leicester as that of England and Wales. During the five years 1873-77 the Vaccination rate declines from 91·7 to 80·0, and the excess of deaths falls from 2,135 to 1,640 upon an average population of 105,913; the difference in the Death-rate of Leicester and that of England

and Wales having declined from 4·6 against Leicester to 3·1 per 1,000 living. In the quinquennium 1878-82 the Vaccination rate declines to 66·7, and the difference in the Death-rate to 2·0, which, on an average annual population of 120,059, gives an excess of 1,200 deaths in Leicester for the five years.

In the quinquennial period 1883-87 the Vaccination rate falls to 27·9, and the difference in the Death-rate declines to ·7, which, on the average population of 136,147, represents an excess of only 475 deaths in Leicester for these five years. The correspondence in the decline of the Death-rate and the practice of Vaccination is remarkable.

Taking the two years 1888-89, when the Vaccination rate has fallen to only 5·1, the Death-rate for Leicester, which from the beginning of registration in 1837, had *always been higher* than the Death-rate for England and Wales, *falls below*, and is ·5 in *favour* of Leicester. It must be borne in mind that England and Wales include all the rural districts where the Death-rate is very low, and therefore this test is one of the most crucial that can possibly be applied.

These comparisons lead us to a far more important consideration. It is to enquire what would be the saving of life had England and Wales maintained the relative decline in the Death-rate, which, with decreasing Vaccination, was attained by Leicester. From its death-rate being 4·6 above England and Wales in 1868-72, it falls to ·5 per 1,000 below for the years 1888-89, or a gain of 5·1 in favour of Leicester per 1,000 living. This gives us the following astounding result:—Had the death-rate of England and Wales, with Vaccination almost stationary, declined at the same rate as that of Leicester, with rapidly decreasing Vaccination, taking the population at an average annual of the Registrar-General's estimates for 1888-89, namely, 28,822,208, no fewer than 146,992 lives would have been saved annually, which were otherwise lost presumably through the untoward influence of Vaccination. Even if we allow the 46,992 lost lives to be deducted from the calculation for possible error, the result is sufficiently appalling to arrest the attention of the most thoughtless mind in the country. Nor need this be considered an extravagant assumption, because, apart from the fact that Vaccination is now known to convey a large number of fatal diseases, and predisposes to others, yet, speaking generally, the progress of sanitation has

been fairly equally distributed over the country, leaving no other cause than Vaccination to account for this terrible loss of life."

Relation 56.

Leicester will always occupy the proud position of having held the first place in the agitation against compulsory Vaccination. Its record of sacrifice and labour stands the highest. About £2,500 have been paid by objectors, in fines. Close upon 7,000 cases have been adjudicated before the magistrates. The costs and loss of time, reckoned at £1 each, represents a sum equal to £7,000. And 70 persons have suffered imprisonment.

For nearly 20 years Leicester has kept itself in the front rank with regard to sanitation, and has demonstated the fact that, to be free from Smallpox and other zymotics, the person, the house, the street, and the surroundings must be clean. There, and there alone, is the secret of safety. Sanitation and isolation have been the watchwords of the Sanitary Authorities, who deserve very great credit.

Leicester has another step to take, and but one that I can suggest, and that is to erect a sanatorium specially for fever cases.

From entering into the movement Leicester has gone on from one degree of excellence to another, and the evidence delivered before the Royal Commission has put the top stone on to an edifice which will command the respect and gratitude of future generations.

Keighley, Leeds, Nelson, Oldham, Darlington, Gloucester, Halifax, and Dewsbury, have all done well, but Leicester has led the way, and still leads.

In the battle we have fought against professionalism, authority, wealth, and political power, the humblest League has done magnificent work. It is the might of truth which has won the day.

The principal points which the experience of Leicester has established may be summarized as follows, viz. :—

1.—That Smallpox has decreased contemporaneously with the discontinuance of Vaccination.

2.—That the isolation of patients, *i. e.* imported cases, has prevented the spread of Smallpox.

3.—That the mortality from eruptive and other fevers has proportionately diminished, and that the public health has benefited in a corresponding degree.

4.—That sanitation is the only safe and effective means to be employed to prevent the rise or diffusion of epidemic influences.

5.—That the comparative immunity from Smallpox, and other epidemics, enjoyed by the people of this country, is the consequence arising from those great sanitary appliances which have been put in force during this century, and is not attributable to Vaccination.

6.—That Vaccination instead of being a preventive is essentially an infective agent, and is the direct and indirect cause of arousing and spreading active disease conditions amongst the infantile population which they have to meet and battle with at various stages in life, and which sensibly affects their health and limits the duration of life.

7.—That in those years where there has been the most Vaccination there has been the greatest mortality among children.

8.—That where there is no Vaccination, as in Leicester, Keighley, &c., there is no Smallpox, and the general mortality declines.

I leave the paragraphs referring to the Leicester statistics to tell their own tale upon the strange work of the Vaccinator.

Q. What is this strange work of vaccination?

A. It is no strange work, in one sense; it is its every-day work, untiring, unceasing, and ever-extending.

Q. Well, what is it doing? And where and how are the deaths recorded?

A. It is filling the homes of the people with disease, and disease susceptibilities. It is communicating directly the seeds of Syphilis, Scrofula, Eczema, Erysipelas, Erythema, Pyæmia, Cellulitis, Rickets, Psoriasis, Septicæmia, Marasmus, Impetigo, Meningitis, Pityriasis, Angio-lucitis, Mesenteritis, Prurigo, Gangrene, Blindness, Phthisis, Pneumonia, Tuberculosis, Bronchitis, Diarrhœa, and Convulsions; together with such diseases (often fatal) as Strumous Eruptions, Abscesses in Axillary Glands, Diseases of Bones and Joints, Boils, Ulcers, and Sloughings—this is its work.[1] And all for what? Ostensibly to save the peoples of the earth from Smallpox! What a terrible, pitiable, panic-mongering sham! Of all the millions of vaccinations performed amongst the peoples of the world, vaccination never saved a single individual from having Smallpox, and in no single case did it modify an attack of that disease—reckoning from the days of Jenner until A.D. 1892. That the Smallpox has declined contemporaneously with the enforcement of the various Acts of

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[1] In 1883, a Committee of Enquiry, consisting of some thirty medical men, was formed with the object of ascertaining the opinions of the profession on some phases of the vaccination question. Seven circular questions were submitted. Of several hundreds of circulars posted, 384 answers were received. One of the questions was this, viz.: "What diseases have you in your experience known to be conveyed, or occasioned, or intensified by vaccination?" From the replies I have collated the above list of diseases certified to by medical men whose names and addresses are there given. See "Transactions of the Vaccination Enquiry," edited by Dr. Montague D. Makuna, published by W. H. Lead, Leicester, 1883.

The above work was a most valuable contribution to the Anti-Vaccination controversy. Works which have been written like that of Professor Crookshank, not specially to promote anti-vaccination views, yet if the tendency of such works is in that direction, we claim them on our side of the question.

The same remark applies to Dr. Creighton's article on "Vaccination," in the Encyclopædia Britannica. I feel justified in saying that no single contribution excepting that first pamphlet by Mr. John Gibbs, and addressed to the Right Hon. Sir Benjamin Hall, President of the Board of Health, and published in 1855, has had such a marvellous influence on the minds of the people not only in this but in foreign countries.

Parliament is admitted, but that is a coincidence, not a cause. The decline in the general mortality from Plague, Leprosy, Gaol-fever, and Cholera, during the present century, has been contemporaneous with vaccination, and, in the absence of any observance corresponding to it, who would be so foolish as to attribute this to any other cause than wide-spread sanitation? That same wide-spread sanitation has operated in producing the decrease in the mortality from Smallpox, and I boldly affirm that there has been no other cause assisting in that behalf. Vaccination, therefore, instead of being an advantage, has been the source of untold mischief, misery, and death; and it is, in my humble opinion, utterly beyond the power of any human being to estimate or describe the evils which have strewn the path of the vaccinator.

Relation 57.

Some two years since a retired officer, lately holding an important appointment in the Queen's army, took his son to a well-known surgeon in London for his opinion as to certain symptoms which affected the youth's health. The father is a staunch advocate of non-vaccination views and loses no opportunity of improving his knowledge. As he was leaving the consulting-room he turned to the surgeon and enquired, "Doctor, may I ask, are you opposed to Vaccination?" "No," the doctor replied, "I should think not, indeed, when I consider that it brings me in £400 a year." Four hundred pounds a year from surgical cases due to complications following the Vaccine Fever which Jenner called "Vaccination." "This fever runs its course." And you answer, "Yes, for eight days." Aye, and sometimes for 80 and 800 days after that, and occasionally it accompanies each heart-beat till that poor heart ceases its beating. I have seen many such instances. My third illustration is an example—the disease communicated with the vaccine virus "ran its course" for 5,000 days, only killing its victim after nearly twelve years of cruel suffering.

If one surgeon in London estimates that his income from his practice is increased by £400 every year, dependant upon Vaccination, it would be an interesting statistic if we could ascertain how many surgeons there are in London, and throughout the country, who derive similar advantages "from public and private Vaccination!"

"Where and how are the deaths recorded?" You will find them religiously, systematically, and erroneously recorded under such heads as Bronchitis, Pneumonia, Atrophy and Debility, Diarrhœa, Convulsions, Measles, Scarlatina, Hydrocephalus, Whooping-cough, Diphtheria, Tabes Mesenterica, Syphilis, Scrofula, and Causes not Specified.

Q. Can you show them to me roughly in figures?

A. Yes. Here are some of them. In 1888, in England and

Wales, there died 57,571 persons from Bronchitis; 26,113 were children under 5 years of age. Under Pneumonia 30,844 died; 13,227 were infants under 5 years. From Atrophy and Debility 20,741 perished; 19,916 were children under 5 years. The total deaths from Diarrhœa were 12,839, and 10,497 were infants under 5 years. From Convulsions 20,764 deaths are registered; 20,495 are children under 5 years. Measles contributed 9,784 deaths, and 8,934 were children under 5. Scarlatina added 6,378 deaths; 4,205 were infants under 5 years. Hydrocephalus carried off 6,743 persons; 4,945 were children under 5 years. Whooping-cough swelled the lists of the dead by 12,287 persons, and 11,859 were children under 5 years. Diphtheria slew 4,815 individuals, and 1,500 were infants under 5 years. Tabes Mesenterica swept away 6,774 persons, and 5,588 were children under 5 years. Syphilis destroyed 1,927 persons, and 1,566 were children under 5 years; Scrofula added 4,917 deaths, and 2,505 were infants under 5 years; whilst Causes not Specified bring up the rear with a mortality of 2,814, and 1,365 were children under five years of age. I refrain from pursuing this sad story any further; but add the total deaths from the sixteen death-causes above enumerated, and from those diseases we have a grand total of 199,396 annual deaths, whilst 132,715 deaths are of children under five years of age.

The 132,715 deaths above particularized bring us in very close proximity to the loss of 146,992 lives as shown in Mr. Biggs' statistics, viz., by comparing the death-rates of Leicester under non-vaccination with the death-rates of England and Wales under vaccination.

I do not represent the above deaths as all being due to Vaccination. I do say that a vast proportion of them are; but I introduce the mortality from the 16 death-causes to show where my estimate of 50,000 to 80,000 deaths annually, and the annual loss of lives—146,992 as given by Mr. Biggs—are, under a sadly defective system of registration, removed far out of recognition by the public eye in the report of the Registrar General.

Deaths resulting from Vaccination as the first cause may be found with their roots deep down in a hundred death-causes. It is not in man to trace this mystery of death through all its ramifications.

Wheresoever vaccination is enforced, there you may note, there you may augur, the propinquity of disease. I have seen it so often that my heart grows sick with the bare mention of the word.

Q. Do the diseases you have referred to as invaccinated with the virus represent the total mischief resulting from the operation?

A. No, they form the first count in my impeachment! The second count is this, viz.:—That vaccination communicates a taint or susceptibility to febrile influences which meets each child receiving the virus at many points in the road, and may and often does determine the means and method of his or her death. This susceptibility intensifies fever, and paves the way for sequelæ and complications, alas, too often lifelong or immediately fatal in their results.. Here you may trace the unlooked-for link accentuating the close connection there is between Smallpox and Phthisis, Typhoid and Pneumonia, Gastric Fever and Diarrhœa, Scarlatina and Bright's Disease, Measles and Heart Disease, Typhus and Tuberculosis, Whooping Cough and Convulsions, common Colds and Bronchitis, &c., &c.

Q. Surely this exhausts the frightful consequences attending vaccination?

A. No, I have not done yet. My list of evils directly occasioned by this monstrosity of Jenner do not terminate at the present stage. There is the long category of diseases to include which go down in a direct descent from father to son to the first, second, and third generations—a gaunt and motley crew—their names are: Phthisis, Cancer, Heart Disease, Scrofula, Erysipelas, Skin Disease, Syphilis, and their congeners. This is my third count. I could go on even yet, but little good would come of an enquiry so exhaustive! I have said enough to startle any man of ordinary nerve.

If my reader is not satisfied, let him think of the immense revenue this mass of disease and death brings to the medicinist, and of the embarrassments in which they are involved who have to work for and pay the money! Let him further reflect on the pain and anguish those have to suffer who are the innocent victims of a heathenish operation. Let him think of the mothers rendered childless, the fathers whose wives have been engulfed, and the brothers and sisters separated for ever.

Q. Do the authors of the Family Physician assert that Hydrophobia is incurable?

A. Yes. They say, "Most medical writers on this subject are sufficiently explicit, for they affirm their utter unbelief in any method of treatment." "No specific method of treatment has been shown to have the slightest influence in checking or modifying this disease, from which in all probability no one ever recovered." "There is no well-authenticated case on record in which a Hydrophobic person ever recovered." "The physician that cures is death!" "Such are the opinions of some of our most eminent physicians and writers on medicine."[1]

Among the remedies they refer to the vapour bath, and also admit that "Benefit might possibly be derived from the use of the Turkish Bath."

"Possibly!" I like that phrase immensely. I undertake to direct a cure for Hydrophobia by this bath, and to give a guarantee to the patient when he comes in that he shall go out alive and thoroughly cured within three days. A single day's treatment would be enough for a patient who had been bitten within three days of his attendance at the Bath for treatment.

"A guarantee" and a "cure" will be events worth recording amidst the unscientific and uncertain results of an age where, in the matter of Medical treatment, the people are held in a bondage more galling than that which existed under the Pharaoh of the Exodus.

Q. You hold to the opinion that the Turkish Bath is a certain cure?

A. As certain as that the sun will rise and set to-day, as yesterday, and for ever.

Q. You do not regard the Cold Air, the Cold Water, and the Turkish Bath as separate treatments, do you?

A. I do not view the Cold Air as a distinct means of cure.

In its quiet evolution the Turkish Bath stands next to the cold water treatment; it has been the second best medical reformer of the age. For the convenience of argument they are here regarded as distinct agencies. They are not so. The Cold Air, the Cold Water, and the Turkish Bath are parts of one whole treatment—the nature cure. They can never be separated. A Sanatorium to be erected on

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[1] *Fam. Phys.* p. 328.

the most enlightened principles would include the three departments of cure in its system.

It is high time, therefore, that the questions discussed in this work should be brought before the public in their amplitude, urgency, and gravity.

When I have said my say there will remain a wide field for observation where the student may learn, the wise may instruct, the reformer may purge, and the expert may enlarge his practice and his usefulness.

Q. Why have you given the history of cures for special diseases: one for example, that of Tuberculosis, which occurred 35 years ago? I presume you were the patient mentioned in that relation?

A. That is so, and an injury to the right lung, the consequence of mismanagement by Sir Benj. Brodie, Dr. Hey, and Dr. Harland, has reminded me of its presence, every day and every night, during the whole of the 35 years. The injury I mention does not interfere with active exercise, but it robbed me of the "staying power" I had in youth.

I read of the case of a nobleman who has had a 6 month's contention with Influenza, and has come out of it with an Asthma which will be a life-long trouble. The above are the sequelæ of a defective treatment. I blame the system, more than the physician.

The history of a cure is important, lengthy as it is, because each one has a common object, viz., to illustrate the point how I was led to form the idea that as there was a unity of cause in producing the various fevers—blood-poisoning—so there should be, and is, in nature a unity in their cure.

Adopting the sanatory remedy, the next step was to show its relevancy. Hence the doctrine that the extremes of temperatures were destructive to germ, spore, or organic life, assisted to complete the system, and finally the theory of elimination of dead matter or other material, by the aid of the skin functions, either through the agency of the Turkish or the Hydropathic Baths, was necessary and adapted to perfect a treatment which should be uniform in its methods and results.

This is not put forth as a discovery. I had seen certain cures under sanatory remedies, but I had no knowledge of the principle or

principles which accounted for them, and that knowledge did not come all at once, but by degrees, and as the reward of patient thought and experiment. I have not been seeking for new laws to enable me to promote a new cure, but for an explanation of laws of cure which have co-existed with the birth and growth of man. Having satisfied myself of their truth, I am determined, if possible, to test their power on a large scale.

I have shown how that severe diseases such as Phthisis, Pneumonia, Bronchitis, Atrophy, Diarrhœa, Convulsions, Cancer, and Heart Diseases, etc., are mainly dependent for their supplies to the neglect and mismanagement of fever, and the same observation applies to a multitude of cases which have to be referred to the surgeon for treatment, and if these results follow in the track of fever in its many-sided shapes, I could not wish for a grander inducement to work in the great cause of humanity and to find some more rational remedy applicable to the fever group of diseases than those which are connected with the names of Jenner, Pasteur and Koch, and are now included within the scope of the Allopathic system.

Q. With your leave I shall at this stage ask a few personal questions. Why were you led into this last controversy with the drug treatment?

A. Because I saw in the conduct of the Royal Commmission, constituted as it is, viz.: with so many medical men upon it all of whom are interested in the Allopathic practice—not only the possibility, but the probability, that the Vaccination Acts would not be repealed, and that compulsion in some modified form was in danger of being upheld. I determined to strike another blow, straight from the shoulder, at the system which initiated and maintained the observance. How far that blow may operate in bringing about the desired end, is yet in the future. I have done my duty fearlessly.

Q. Has the London Society for the Abolition of Compulsory Vaccination requested you to write on this subject, and were they aware of the lines on which you would discuss the question?

A. The Society made no such request, and they knew nothing of my intentions until my prospectus appeared. I have lately mentioned the matter to the Society in Council, and the reply was that the treatment for Smallpox was outside their mission, and that their

interests were centred in the abolition of the compulsory laws, and as soon as that object was attained, the work for which the Society was founded was concluded. I am alone responsible for the opinions and views expressed in my work.

Q. Is the idea of placing yourself at the head of a public Sanatorium for the treatment of fevers a modern feature in your advocacy?

A. It is not. For thirty years last past the idea has been in my mind. Fifteen years ago I had very elaborate and costly plans prepared for a suitable building to accommodate 300 patients, and I contracted for an estate valued at £5,000 on which to erect this Sanatorium. Circumstances over which I had no control prevented the accomplishment of the project. But I never gave up the scheme, and each day brings me nearer to the attainment of the one great aim of my existence.

Q. Then I may take it that this idea is, and always has been, disassociated from the object of mere pecuniary advantage?

A. As far removed from it as the two poles. If I assume the management of a Sanatorium I shall only stipulate for a salary equal to my actual expenses. I will have no profit out of this undertaking.

Q. May I ask what position you have taken in the said Society during the last three years in which the Royal Commission has been sitting?

A. When the Society determined to present our case before the Royal Commission in May, 1889, I decided to give up an appointment I had held in the City for the four previous years, and to visit our principal leagues in the counties of Lancaster, York, Durham, Leicester, Warwick, Gloucester and Somerset—firstly to obtain funds, and secondly, to work up evidence, the Society guaranteeing a sum equal to my hotel and travelling expenses only. I have devoted the time during those three years voluntarily to the anti-vaccination cause, and shall continue my duties till the Royal Commission closes its sittings. I shall know no rest till blood-poisoning, for any purpose, is a penal offence. To my mind non-compulsion is but half-a-loaf. It is not only the poor, who do think on this question, but the rich, who will not think, who must be saved from such abominable rites in the future. I shall address myself to the rich, because the rich can

help me to protect the poor; but the poor, on account of their poverty, are helpless even to safe-guard *their own interests.*

I am only one of many workers, all of whom I claim are entitled to equal credit with myself and the other leading members of our body corporate. We have presented our case before the Royal Commission under great disadvantages, pecuniary and otherwise. Pecuniary difficulties have been the greatest burden. The medical case is paid for out of public funds. This is a great injustice,—if the costs of one side were paid then both should have been dealt with alike. True the hotel and travelling expenses of our witnesses have been allowed, but that is a trifle when considered against the many costs of printing, salaries of officials, the journal, counsel, travelling and general expenses connected with what has become a world-wide agitation; but we shall finish what we have begun.

Q. Will not some critics urge that your book is one unbroken argument against the drug treatment?

A. Perhaps. My object is to bring physic, the virus and the drug, into universal contempt,—the contempt they so richly merit. Physic has deceived the nations with its witcheries for ages. A dreadful scourge at its best, an alternative without justification or relevancy, a means without being remedial. Physic has only one lesson for man, viz.:—to show to what absurd devices men will ally themselves in their search for antidotes and specifics when once they relinquish the teaching and the resources of Nature.[1]

The physician was lost to humanity when he left nature and began to work on his own account! A co-worker with God he was a strong

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[1] The drug system is based upon a fallacious and dogmatical principle. As a system it is human, terribly human. To administer deadly mineral and vegetable poisons to the human stomach should have some warranty beyond that of empirics who lived in what we now call the dark ages. Such warranty it is impossible to obtain, and one section of practitioners adopting the physic code has fallen back upon infinitesimal doses, thus setting at defiance the authoritative dicta of physicians who for hundreds of years have been regarded as leading men in the profession. Homœopathists need travel a very short distance to free themselves from the dominion of the drug treatment. They will have to do it, and despatch in such matters is praiseworthy.

My aim in this work may be destructive in one sense, but it is constructive in another. If I could destroy all the gods in heathendom at a stroke, I should not be satisfied unless I could introduce on the following day a grander ritual, a holier worship, and a diviner model. If I have cursed the calomel, quinine, iron, zinc, strychnia, the virus, and the opiate, I have blessed the cold water, the wet sheet, and the heated air. What more can I do?

man, but when he "sought out many inventions" and resorted to poisonous drugs, of whose effects he knew nothing, he became a source of danger to his fellow-men. No more pitiable cry has pierced the skies for many a century than that of the physicians of our day, who say of the fever group of diseases, which includes, with their complications and their sequelæ, three fourths of the disease conditions of the country, "*We cannot hope to cure them.*" For once the physician has been honest to himself, and faithful to the people. Properly construed, his language is, "Do you seek a cure? It is not in me. Go elsewhere." And yet these are the men who manage our hospitals, asylums, and other public institutions, and who would storm heaven and earth if a physician of another cult received a similar appointment.

Q. Some may say that your subject is not treated logically or with a show of literary effort?

A. Unfortunately my theme is a matter of observation and experience; it does not admit of display. I have considered the question as I was best able to do, and in my own way. If the critic is dissatisfied with my style, opinions, or conclusions, let him try his own hand, there is a fine opening. Writing, as I said at the commencement, is not my forte.

I have written the book with the highest of human motives—a patriotic desire to benefit my race, and to add to their health, wealth and happiness. Whatever view the reader may entertain, if he be honest, the above statement must temper his criticism,—probably it may influence his judgment.

Q. In this work you have treated the practice of Medicine as a distinct subject—that is, wholly apart from Surgery?

A. I consider surgery [1] to be a noble science, godlike and humane.

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[1] Apropos of surgery, I find it making egregious blunders occasionally. Here is one. Some time ago, within the last two or three years, in a manufacturing town in Lancashire, a skilled workman smashed with a blow from a hammer which glanced off the chisel, the top part of the forefinger of the left hand. He sought advice from his club doctor, who dressed the finger, but with so little advantage that in five or six days that member to the third joint turned quite black. Next day the doctor advised his patient to go to the county infirmary, saying he thought the finger would have to be amputated. He went there and was treated for several days, but the second and third fingers became as discoloured as the first, and a consultation of the surgeons was held, and the result was that amputation of the three fingers was strongly advised. The man answered thus, "Look here, that first finger is worth six shillin' a-week to me, t'second is

I have not much, save of praise and encouragement, to say with regard to it—only this, its first duty is to shake off its allegiance to the drug system, and why not? The surgeon sees enough of nature's amazing powers of healing to justify his confidence. Do you say, "Where?" I answer, "All around." The surgeon is the day labourer in a vast field where nature is the healing agent. God created both; He gave to one his skill, nerve, and judgment, and to the other her resplendent glories, her hidden treasures, and her remedial forces.

Physic, as a system, is pre-eminently human in its origin, its means, and its effects.

Q. Are not some of your theories not so much matters of argument as experiment?

A. In considering the arguments I have brought before your notice never forget for a moment, two points, 1. That the medical men of to-day, in the treatment of disease, are as much deceived as deceiving, they became enamoured of a system the provisions, principles, objects, and defects of which they had no hand in framing, and they

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worth four shillin' a week, and t'third is worth three shillin' a week, and ye say, 'Cut 'em off.' Not fur me. Ah'l try sumb'dy else. Good day."

After seven o'clock that night our patient called upon "a mill hand," a man who practised the art of healing—a sort of cross between herbalist and nature doctor—who was known the country round as "Dr. C———." This doctor generally contrived to arrive home at about 6 p.m., had tea, washed, dressed, and appeared in his consulting-room—the kitchen—at 7 p.m., and was generally occupied with his patients up to 9 or 10 o'clock.

Skilled workman he was and accustomed to see sad accidents, yet his heart sank within him as he exposed his three blackened fingers to this third professionalist. On pressure, blood and pus flowed tardily from the wounds. On seeing the pus, Doctor C——— turned to his patient and in cheerful tones he said, "There's life in them fingers, in three week they'll be all right." "Set to wark," was the response.

About three weeks after the interview above recorded the members of the "medical club" had their annual meeting "to square accounts." The doctor was present of course: it was pay-day. Later in the evening our patient went to "'ev it out with t' club doctor." Without preface, standing opposite the doctor, he addressed him thus, "Tha sees them three fingers, tha advis'd me to ev one takken off, them three doctors at th' infirmary wanted to tak all three off. Ah'm sham'd for all t'lot wether tha is or no." The doctor was speechless. Embracing his opportunity the speaker concluded, "Ye ed me nigh three week an' did now't, an' a labourin' man cured em e' three week."

Incidents like the above are awkward things. They happen sadly too often. Arms, legs, fingers, and toes are sometimes sacrificed in order to keep the surgeon's hands in practice, and without reflecting how many "shillin' a week" such members are worth to the proprietor.

The speeches of this untutored orator went through the town, and many more towns, like wildfire. Such facts, to the discredit of the profession, have a knack of turning up when least expected.

are now held in the wide-spreading power of a syndicate which has no respect for individual opinion, nor is it capable of improvement or expansion; and 2. That the interests of the members attached to the system are opposed, directly opposed, to those of the entire community.

So that my theories, or some of them, will sound as strange to the profession as to the public.

Then again, there are some things in this book, as you say, outside the pale of argument to determine. For example, the statement that infectious substances from the person, are produced by the want of power in medicine to control each separate fever, and are not the necessary accompaniments of fever, is a proposition which cannot be established by argument; experiment alone can decide the issue. I may satisfy my own followers who have confidence in my teaching, but I could never convince an objector by that mode of reasoning. The same argument applies to my theory that if the infectious matter evolved during the decline of the fever were eliminated instead of being repelled upon the circulating blood, there would be no complications or sequelæ remaining for subsequent treatment. Experience also will have to determine that issue.

Seeing that blood-poisoning is one in nature, effect, course, and termination, although the specific poisons are many in number and differ in their chemical properties, there is in nature but one remedy, and that remedy should be applied, in order to be effective, without delay. The true governing principle in a cure is—as I yet continue to argue—destruction and elimination. Common sense can suggest no other principle. Nature and revelation lend their sanction to this theory. In the case of a poison present in the stomach, either by accident or intention, there are two courses open, 1. To swallow an emetic and thus eject the poison, or 2. To administer an opposite substance to neutralise its action.

Now it must be admitted that a poison communicated directly to the blood is a very different thing; it admits of one remedy, the destruction of germ life or organism, and the elimination of dead material or other poisonous substance.

But the physician knows nothing of the doctrine I am enforcing—destruction and elimination; it forms no part of his mental training, and it is not allowed within the sacred precincts of medical practice.

If the principle or law of cure I have insisted on were adopted the brevity of the cure would ruin the profession forthwith. The practitioner could not stand against a remedy so immediate and uncommon.

There is nothing in the nature of fever incompatible with the idea that it is capable of speedy control. And the dogma that fever when once it has commenced, must run its course, in spite of anything that can be done to prevent it, is the absurdest fallacy that medical men ever promulgated. It is an illusion which I have exposed over and over again. I can say no more, but I can do something more to prove the truth of the theories I have so prominently advanced.

Of myself I am nothing. I claim no mystic powers, no secret gifts, and no special insight into the art of healing. To interpret nature, to speak of God's all-seeing eye, to tell of His all-knowingness in the creation of man, of the wonderful functions with which he has endowed his creatures, and of the amazing forces inherent in two of the principal elements which maintain life—the fresh air and the pure water—this is the most I can do, and less than that I will not attempt.

No alliance has been entered into with those who, in civilised or savage communities, in their search for remedies, mineral or vegetable, have tracked the continent of South America, the jungles of India, or the pathless forests of Equatorial Africa. My remedies are in all lands between the two poles. Simple in themselves, yet powerful in their effects, a child may play with them. For heart, brain, and lung affections the remedies of which I speak have been severally tried with success. I now propose to introduce the mighty fever group of diseases to the action of the same appliances, and I do not fear the result. Air and water, in their various states, have blessings in reserve not only for patients in Smallpox, Hydrophobia, and the rest of the fevers, including their complications, but I trust also for the poor despised leper in his weariness, solitude, and despair.

Q. Then, am I to understand that the nature-cure treatment announced in these pages includes Leprosy?

A. Without doubt. Medicine has no word of comfort for the leper. Calomel and quinine are as virtueless as the fungi of the tropics. Not a grain of medicine can touch this disease, and yet it is not beyond the reach of the treatment advocated herein. Of that I

feel quite certain. I refrain from saying anything on the subject pending the appearance of the Report to be issued under the auspices of the Leprosy Fund Committee, of which his Royal Highness the Prince of Wales is President.

Mr. William Tebb, the able President of the Society for the Abolition of Compulsory Vaccination, has devoted much time in investigating the cause accounting for the recrudescence of Leprosy in the West India Islands and other places since the introduction and enforcement of Vaccination. He has travelled through many lands, taking Egypt and the Leprosy Settlement in Robben Island, South Africa, on his way. In 1884 he visited British Guiana and Venezuela. The year 1888 found him amongst the Islands of the Atlantic—the Virgin, Leeward, and Windward Islands. In 1891 he took a more extended tour to California, the Sandwich Islands, New Zealand, and Australasia; and lastly, in 1891, he pursued his enquiries in Ceylon and the Cape Colony. He has now an important work in the Press which will shortly be issued. Verily, Vaccination has a hard time of it just now; its secret doings are rigidly enquired into wheresoever its ghastly form intrudes itself.

India must be saved from the barbaric cruelties of vaccination. The Juggernaut of Orissa, beneath whose ponderous wheels the poor Hindoo mother cast her child, has scarcely passed out of existence, when it is proposed that the Juggernaut of Jenner shall supply its place.

Q. Your studies, I think, have been chiefly directed to the treatment of the Fevers?

A. For forty years the problem of Fever treatment has been uppermost in my mind. It was the Vaccination controversy which first drew my attention to it. I saw before me a fever, Smallpox, for which the Faculty had no cure, and, in the absence of a cure, they hit upon the device of communicating the disease in infancy by artificial means—inoculation—under the pretence of modifying an attack in the order of nature. For 76 years, viz., from 1722, this observance was continued on "the warrant of medical authority." It was found, however, that the practice was perilous and disastrous, spreading the contagion all around, and the rite was abandoned in 1798. Jenner now launched his scheme of Vaccination, which, passing through

various vicissitudes of fortune, was at length established, and purchased by the Government of the day. At first the rite was optional, then obligatory from 1853, and in 1867 it was compulsory by Act of Parliament. Practically compulsion has existed from 1853, obligation being a milder term for compulsion. Widespread objection to Vaccination was manifested in 1853, and since that date the agitation has extended in many directions. In 1871 a Committee of the House of Commons was appointed to enquire into the question, but without affording relief from the pressure of the Acts. Again, in 1889, a Royal Commission was appointed to report upon the whole subject. The Commission has sat for three years; the first meeting was on June 26, 1889, and its sittings, it is anticipated, will be continued for some months yet, probably into the spring of 1893.

The great question which has occurred to my mind during the whole of this controversy is this, viz., Is Blood-poisoning with effete animal virus a rational and a safe operation? My reply, based upon experience and conscientious conviction, has always been in the negative. I never could reconcile myself to the practice, and therefore, after much investigation and thought, I opposed it vigorously.

The only mode of dealing with Smallpox, by way of prevention, is to apply to it all those sanitary measures by whose aid the Plague, Black-death, Sweating-sickness, Leprosy, Cholera, and Gaol Fever have been extirpated. Had it not been for the artificial expedients of Inoculation and Vaccination, the Smallpox would have disappeared perhaps 200 years ago. The prevalence of this zymotic is due to the very means we ignorantly employ to prevent its development and diffusion, or to modify its action. Relinquish Vaccination, and the Smallpox will instantly retire.

Nature's remedy for the Smallpox, and for the Fever Group of diseases, is the nature-cure; there is none else beneath the sun, and in its presence there is no room for a mere human remedy.

Medicine, having no treatment for the Smallpox, has no more concern with it. Medicine is no longer a factor worthy of regard. We have to look to ourselves in the dilemma now confronting us. We must show ourselves equal to the occasion. If we do so, fixing our trust in God, we shall succeed where for centuries the drug treatment has been a widespread failure and a universal catastrophe.

Antidotes and specifics must be cast to the four winds of heaven. Physic is not a dying art, it is a dead art.

In the doctrine of destruction and elimination we have a principle worth contending for; it appeals to the judgment as well as to the understanding.

Fevers will yield to sanatory remedies. I have seen the operation repeated a thousand times. This treatment is as free as the light from the great orb of yonder sky, and its blessings will extend to earth's remotest limits.

Vaccination and the practice of Blood-poisoning must be thrown aside as the idle dreams of disordered intellects. The wave of Blood-poisoning passing over Europe must be hurled back by the common effort of all nations.

Blood-poisoning, with animal virus, for any object, is unscientific, irrational, and criminal. The people will have to set their faces against this accursed thing. Done with blood-poisoning, the principal argument or justification for the practice of vivisection will be wanting, and we shall help to rescue dumb animals from the cruel tortures to which they are subjected for no good purpose whatever.

Allopathic or Homœopathic remedies have no power to destroy germ life or to eliminate the special poison which determines the character of each fever. Hence, when the fever has exhausted itself there is observable a period of rest, and patients in the interval are said to be cured, whereas in a week or two—sometimes a much longer period intervenes — new features spring up, showing that the uneliminated poison has collected fresh energy, it has assumed a more serious aspect, and the patient eventually sinks before an attack upon brain, heart, or other vital functions. It would open the eyes of the public to the mysterious defects of medicine if we could follow the hospital patients home, and see what becomes of them during the succeeding twelve or twenty-four months. What means the terrible mortality from Phthisis, Pneumonia, Bronchitis, Convulsions, Atrophy, Diarrhœa, Cancer, and Heart Disease? Bad cures of fever find their last record in columns which have revealed no check or diminution in their mortality during the 50 years for which we have registration statistics. Patients do not die of such fatal diseases as the above-named without passing through a milder disease first, and

losing in the conflict. Cure influenza, catarrh, chill, and fever, and Phthisis, Pneumonia, Bronchitis, Atrophy, and Heart Disease, etc., will decline and disappear from our annual report of deaths. Ineffective treatment of a mild form of disease where no vital function so far is involved, introduces a severer disease whose deadly grip allows of no relaxation.

Q. Anti-vaccinators are continually twitted with the remark that they dare not touch the small-pox. What do you say?

A. Yes. In the *Echo* of August 29 a correspondent signing himself "M.R.C.S.," says in reply to an Anti-vaccinator, "why should not he and his friends set up hospitals for themselves?" and then he hints that if they did so choose to "risk their lives," and "were destroyed, as they surely would be," it would not matter much, and so on. We accept the challenge; we will set up our own hospitals and teach our opponents how to cure the Smallpox, Hydrophobia, and Tuberculosis. Probably we shall not stop there.

Then again, Dr. McVail,[1] the quixotic champion of Jenner's craze, regrets that a few anti-vaccinators cannot be found willing "to become the subjects of what would be for them a terrible experiment—the experiment, namely, of living for a time in a Small-pox hospital, exposed to the Smallpox poison, along with an equal number of vaccinated or re-vaccinated persons." Who produces this Small-pox poison in the hospital? The McVails of the age. If they had treated Small-pox sanatorily no poison would be developed or diffused. Had I the management of a sanatorium I would have no such poison inside. I give the Doctor this challenge, viz.:—I will take twelve Small-pox patients,[2] treat them, and stay in the room with them till they are convalescent. The Doctor shall do the same with other twelve patients, treating them in his own way. By that test the public shall judge which has the best remedy, and which has the better cure. Until he accepts that challenge let him hold his peace about "the terrible experiment;" it is only "terrible" to this Scotch Goliath—not to me.

I have unveiled the infection bogus of this Vail of Kilmarnock.

His arguments as a Vaccinator, like the rest of his class, are purely on the side of statistics.

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[1] "Vaccination Vindicated" p. 168.

[2] Or 50, or 100,—a Ward, or a whole Hospital.

I ignore statistics. They are right enough in their proper place ; not here. Vaccination is either true or false independently of any statistic. My reply henceforth to Vaccination is this—" Give me your Small-pox patients and *I will cure them without pitting, blindness, or death.*" I will prevent infectiousness in my patients. I will not treat them in bed ; they shall be up, walking about, and assisting in their own cures. And yet it is not I who evoke the cures ; it is Nature, or rather, God in Nature.

Devoid of a true remedy, Smallpox, like all other fevers, will invariably be difficult to cure. The public must see that the anti-vaccinators, for forty years back, have been fighting the medical men of our times almost exclusively on the statistical argument. We now come to the practical view of the matter.

We will cure the Small-pox before the very faces of these men, and thus show the absurdity of resorting to the trick of blood-poisoning, either for Smallpox, Hydrophobia, or Tuberculosis, with horse or cow virus, or that of rabbit, white rat, or other beast.

Our remedies will be the pure water and the fresh air, and we shall see that the skin does the work assigned to it.

On this battlefield we will end the strife.

In no Palace, Mansion, House, or Cottage, in this land, is seen a shred of treatment—true, sensible, rational treatment —for the fever-stricken patient.

With regard to the Eruptive Fevers, by far the most important of the fever group, the Physicians and Surgeons of the principal London Hospitals, supported by Dr. Marson, meet me at the outset, and admit, in the most unequivocal terms, " We cannot control them," " We cannot hope to cure them," " They must run their course," and they also acknowledge that this opinion is held by the best-informed men in the profession, referring no doubt to such men as Sir Lyon Playfair,[1] Sir Jas. Paget, Sir Henry Roscoe, Sir Jno. Simon,

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[1] Sir Lyon Playfair, in the House of Commons, has been the stormy petrel of debate on the side of Compulsory Vaccination. In a leading article in the *Daily News* of August 23, 1892, I extracted the following observation :—" An old member of the House of Commons, whose experience covered nearly half a

and Drs. Buchanan and Barry. Under such circumstances the difficulty has to be grappled with and overcome. My effort to solve a problem in which the nation is interested, and which, if successful, will benefit mankind to the latest ages, should be met with that ready support accorded to those whose lives are devoted to the publics service.

I only mention names here and elsewhere in their representative character. When I refer to mammon as the ruling principle, I do not mean that base sort which leads men to intentional wrong-doing ; but I point to it as the only *argument* unanswered, and unanswerable. And when I speak of lengthened cures, I mean that such cures are inseparable from acting on the dogma that each fever must "run its course." This by way of parenthesis.

century, said that the only speech he had ever heard which affected the result of a division was one by Sir Lyon Playfair in favour of compulsory vaccination." The Royal Commission has been sitting for three years, yet this ready advocate of cow-poxing has never offered a single argument in favour of the observance. When he next defends his ancient fad we shall hope to be present.

If I had heard that "old Member of the House of Commons" make the above remark I should have replied, "Yes, I heard that speech, and the arguments he used might have been divided into two parts, the old and the new ; the old had been answered a thousand times, and 'the new were not true.'"

Sir Henry Roscoe, I believe, was the only scientist I know of who wrote a special defence of Pasteur's treatment for hydrophobia. Has he ventured to give evidence in favour of vaccination? Not a word? If blood-poisoning is a safe remedy for hydrophobia it ought to be good as a remedy for Smallpox. Jenner said it was. Instead of which as a general rule, 80 per cent. of those who suffer from Smallpox have all been vaccinated. Where is the protection? In 1887-8 Sheffield had a private epidemic of its own, where 7001 persons were attacked, and 648 died. Sheffield was the happy hunting grown of the vaccinator, who absorbed large bonuses for good work, and the people were vaccinated up to 95 per cent. of the births. Leicester and Keighley, without vaccination, had not a Smallpox case apiece. Some eighty other Towns in England and Wales, with fading vaccination, were in somewhat the same condition. No Vaccination, No Smallpox !

The Leicester and Sheffield statistics are a study for those who advocate blood-poisoning. In November, Leicester had a few cases of Smallpox. If sanatory means had been applied to the first three cases, it is my opinion this outbreak might have been stopped at once. Instead of which Leicester was visited by an epidemic of Scarlatina, and the Sanitary Committee, not having the opportunity of isolating the cases, the Smallpox spread in the Scarlatina wards, and the result was that there were some 16 or 18 cases, and 2 or 3 deaths. I am not so alarmed at this mishap as some people profess to be. Leicester is practically an unvaccinated community, and the fact that the Smallpox outbreak has not spread far and wide as it did in Sheffield, a perfectly vaccinated community, is another proof, if such were needed, that Leicester, in trusting still to sanitation and isolation of patients, is in the right track. In arguing this question with a medical man the other day, I pointed out the smallness of the number (16) then affected. He replied, "I wish there had been 1600 instead of 16." I only wondered that he stopped short of 7002 cases, so as to beat the record of Sheffield !

In the Cholera epidemic at Hamburg this year, the weekly returns ranged from 35 per cent. to 50 per cent. of deaths to cases, and the physicians were busy practising sub-cutaneous injections—blood-poisoning again—whereas sanatory remedies, I am satisfied, would have reduced the mortality to 10 per cent. or perhaps to 5 per cent.

Every adult, male and female, ought to know the premonitory symptons of fever. It is not necessary they should be able to determine what fever. Fevers being one in origin, they are one in their cure. Knowing the symptoms they would know the importance of applying the remedy at the earliest moment. Any fever could then be checked in a few hours. A falling body gains momentum in its passage through each foot of space, and the fever accumulates additional energy every hour of day or night in which the temperature is unsubdued. Fever is a fire which must be extinguished at once, or it will burn itself out. If the fever is left to burn itself out, the patient is either consumed, or for the rest of his days he is a worse man if he should survive the ordeal.

Sir James Paget, in one of his works says :—"The progress of the vaccine or variolous infection of the blood shows us that a *permanent morbid condition of that fluid is established* by the action of these specific poisons on it ; and although this condition may, so far at least as it protects the individual from any further attack of the *same disease*, be regarded as exercising a beneficial influence upon the economy, yet it is not the less to be looked upon as a morbid state." A statement like this, describing a permanent morbid condition as a benefit to the subject, is utter nonsense, and it is misleading to the public. Carlyle would have called it *a horrid doctrine*. Preposterous theories like these are the *jetsam* and *flotsam* of a false philosophy, having but one object—to keep a sinking ship afloat. It is on the authority of such opinions that Jenner's craze has been maintained.

In another passage, in his *Lectures on Inflammations*, given *in extenso* in the *London Medical Gazette* for 1851, p. 94, after referring to certain statements, he says, "Such facts as these appear to be sufficient evidence *that morbid conditions of the blood are most probably the causes of the great majority of so-called spontaneous local inflammations* ; of such as cannot be traced to the direct influence of any external force, but appear, rather, as having an internal origin." There are, more or less, ONE MILLION vaccinations and re-vaccinations in England and Wales every year, five-sixths of them performed on infants. All these blood-poisonings are *permanent morbid conditions* implanted in these pure untainted natures. Should there be any difficulty in determining whence "the great majority of so-called spontaneous local inflammations" arise ? Vaccination and re-vaccination, are saplings whose roots grow deep in the human body, and produce the inevitable harvest of disease.

Sir James Paget, who discourses so eloquently on the injurious effects of blood contamination, should be able to see which is the principal contributor to the mischief he describes, but makes no attempt to explain.

In future years it will be regarded as one of the marvels of the present age that scientific men distinguished for their knowledge on so many subjects should not have a word to say before the Royal Commission in condemnation of the practice of vaccination—silent amidst the heart throbs of a world roused to the full pitch of expectation.

The Report, when issued, will be so expensive and bulky that few will buy it, and fewer still will read it.

With two such practices as vaccine poisoning at a tender age, when all the susceptibilities of child-life are at the highest point of tension, and the drug treatment to follow on, the question is, "How *can* people live ?" Here is a great help to the solution of the anomaly that out of a total mortality of 510,971 persons in 1888, only 27,196 died of "old age." Get quit of virusation and the drug treatment, then people may be allowed to die natural deaths. And in fifty years, out of a total of 510,971 deaths, perhaps 483,775 may willingly succumb to "old age," whilst the 27,196 may perish of such diseases as survive the intervening epidemic of health.

The object in view is essentially divested of ambiguity. It is to propound a law of cure for the whole fever group of diseases, eruptive and non-eruptive; to interpret nature and to show what is the will and intention of the Creator with regard to diseases affecting the health and lives of his people, and which could not, and have not, been overlooked or unprovided for.

I have stated my views fully, and it now only remains for me to say, very briefly, what I propose to do to give effect to the principles and teaching unfolded in these pages.

In no Fever Hospital in this country, is there to be found a shred of treatment—true, sensible, rational treatment—for the fever-stricken patients.

I have seen some hundreds of patients in Smallpox, Diphtheria, Typhoid, and Scarlet Fever during the present year, but the fevers were allowed to run their course without the smallest help from medical superintendents. These gentlemen said to me, "We are not here to cure Smallpox or Scarlatina; we have no control over fever. We are here to take charge of a number of infectious people, to see they are isolated, and do not convey infection to the outside world, and when the latter danger is passed the patients are discharged." When I urged the adoption of Sanatory remedies, they answered, "We have no power to give a Turkish Bath or a Hydropathic pack." I said, "If you did, your patients would express themselves in terms of gratitude such as you never heard before." And when I was shown the steam apparatus for disinfecting the clothes at 300 degrees of heat, I said, "You seem to have the power to disinfect clothes at 300 degrees, but you have not power to disinfect the patients at the same temperature." My words met with no response.

If Leicester were England and Wales, and if England and Wales were Leicester, there would be, according to Mr. Biggs' table, an annual saving of 146,942 lives per annum. And for the last 25 years only, calculated on the mortality statistics shown in my "Death Tell-tale," 3,674,800 lives have been sacrificed on the shrine of Jenner! The massacres of Montezuma pale into blest insignificance before results so astounding; the mind which can take in this thought be-

comes appalled by the extremity of its own fears. Moore, the historian of Inoculation, said, "Millions perished" during that "reign of terror" from 1722 to 1798. And during this second reign of terror from 1798 to 1892 it is true that "millions" are perishing now before the plague of Vaccination.

The medical officers of the Local Government Board do not wish to save 146,942 lives per annum. They have no desire to see England and Wales with a high-resisting power against epidemics, as is the case with Leicester; they prefer to retain Vaccination with a consequent high mortality. There is no other possible explanation of their conduct, and I repeat this remark with every possible emphasis.

If I were to propose to deal with two of the most fatal diseases, Smallpox and Hydrophobia, it would simplify matters very much; but there is no need to do so, because the nature cure, good for Smallpox, is as effective for Typhoid, Typhus, Scarlet Fever, or Measles, as it is for any other member of the group, and as the fevers are one in origin —blood-poisoning—there is no reason in the world why patients should not be treated promiscuously, subjected to the same treatment, sleeping in the same dormitory, and living under the same roof.

And I am relieved from the obligation of considering the influence of infection, because infectious matters will not mature under this treatment, and cannot therefore exert their characteristic energies. Any building devoted to the nature cure treatment will be absolutely free from infection.

It has been the one absorbing aim of my existence to find myself at the head of a sanatorium for the cure of fever, knowing full well that he who cures fever will strike a fatal blow at diseases which are the scourge of civilized communities. To succeed in an enterprise where issues so great are involved would inspire any man who had a spark of true genius in him.

In education, in science, in politics, and in sanitation, I have been a reformer for half a century, and this last effort to improve the present treatment of fever will be the crowning act of a life spent in philanthropic work.

In this movement I am impelled by a power that is above and beyond myself. The fear of man is no snare. He who guides will

protect. "I have set my life upon the cast, and I will stand the hazard of the die."

The concluding paragraphs, brief and terse, are the sequel to all that goes before.

I undertake to erect and conduct a Sanatorium, fitted up specially for the treatment of the fever group of diseases. I only stipulate that I shall have the plans prepared by my own architect. My object, the sole object, is to know that in its structure, in the sound nature of the various materials used, the building when completed shall do its work without break or defect.

I further undertake to direct a sanatory treatment which will produce the following effects, viz. :—

1. To cure Smallpox patients without pitting, without disfigurement, scar, blindness, or other external injury.

2. To eradicate the poison from the system of each patient, by natural means, and thus prevent complications leading up to such fatal diseases as Phthisis, Pneumonia, Bronchitis, Diarrhœa, Atrophy, Convulsions, Heart Disease, etc., etc., which diseases are nearly wholly caused by neglect of premonitory symptoms, or by defective and unsanatory medical treatment.

3. To check the fever at once, and to stop the fermentatory process in its immaturity, either in the first or second stages—invasion or domination—and to modify its action in the third stage—the decline—thus preventing the production and diffusion of infectious matters by the prompt application of simple yet severe Sanatory measures—the extremes of temperatures.

4. To guarantee that a Sanatorium for the treatment of infectious diseases can be so adapted and conducted as to secure perfect freedom from infection either in the person of the patient, or in the building itself.

5. That the treatment for Smallpox will be applicable to all the other fevers, eruptive or non-eruptive, and that the effects will be equally startling, unique, and rational. This treatment has the God of nature for its author—it is God-ordained. Man is only the interpreter and the minister.

6. To cure Hydrophobia at little sacrifice of time, at the cost of a few shillings, and to assure permanent relief from present or future

attack of the fever, thus disproving the allegation of the faculty that "the physician who cures is death."

7. To prove by daily experience that all fever is under control by the use of natural remedies, and to illustrate the wisdom and truth of Sydenham's maxim, "If a patient die of fever it is through the default of his physician." The same truth holds good if a patient is allowed to glide into serious complications.

8. To show, by results from actual experiments, that in treatment by the nature cure, the cold water and the heated air, the patients are absolutely free from the liability to contract sequelæ or complications; and further to show that as there is a unity in the causes which develop each fever—blood-poisoning—so there is a unity in their cure, sanatory appliances. Proving also that there is but one grand remedy, and that neither drugs nor virus have any part or lot in the matter of a cure. Nature is the true physician.

9. To prove that in all diseases, originating in blood-poisoning, the Infinite Creator, in His wisdom and goodness, has written the law of cure in the constitution of man, which law is embodied in the term elimination; and that the office of the skin function—following upon the action of cold water or hot air—in promoting a powerful perspiration, shows that the means are designed to promote certain ends, the discharge of the special poisons producing each fever, and thus performing absolute cures.

10. That Fevers, Smallpox, Typhoid, Scarlet Fever, Whooping-cough, Measles, Influenza, etc., taken in hand during the first stage—invasion—may be cured in a few hours by the energetic application of sanatory remedies, without necessitating abstention from business pursuits, and without imposing confinement in the bedroom. Under the drug regime patients are sent to bed for treatment. This practice marks the course and decadence of an inert medical system. Lengthened cures are fraught with infinite peril.

He who can succeed in establishing the true remedy for the fever group of diseases will be the greatest benefactor of his age.

He who can control the fevers by a natural and rapid treatment will effectually check the mortality from diseases whose fatalities appal the stoutest heart.

He who can subjugate the fevers can rejuvenate the race.

To My Reader,—Are you a Member of Parliament? If so, when the time comes, we shall need your sympathy, your courage, and your vote to rid the earth of the pestilence of Vaccination. Are you a member of the County Council, the Metropolitan Asylums Board, the Municipal Corporation, the Board of Guardians, or other Sanitary Authority? If so, we shall ask your attention, your confidence, and your assistance before many months have passed away, to help us to carry out our plans for the more sensible and manly treatment of the most important group of diseases—important in themselves and relatively—which afflict the family of man, in all communities, climates, and conditions of life.

Seeing that Smallpox, Hydrophobia, and Tuberculosis, yield so easily to proper sanatory treatment, the need for Vaccination, Rabbit Rabies, or Brown Mixtures, and the poisoning of the blood, with the additional risk of inoculating other fatal diseases, will become unnecessary, and, when persisted in, ought to be punishable as a criminal offence.

One of the terms of reference submitted to the Royal Commission is, that if Vaccination were discontinued what substitute would be recommended. Our answer to Vaccination is, cure the Smallpox. Antidotes and specifics are conjurors' tricks, and the Jenners, Pasteurs, and Kochs, stand on no higher level than the necromancer, the astrologer, the wizard, or magician.

If the practice of physic were founded upon a sound and healthy basis, no such beastly observance as vaccination could have secured a foothold in a civilised community. Not being founded upon a sound and healthy basis, its professors have been under the dire necessity of resorting to expedients like those of Jenner, Pasteur, and Koch—such expedients being invariably both futile and mischievous. Empirics have introduced into men's systems poisonous substances, the calomel, quinine, iron, zinc, arsenic, strychnia, etc., in order to cure the fevers, when simpler means have a more immediate and powerful influence. It is the weakness of mere human systems of treatment that their professors should fly to antidotes and specifics of their own invention and manufacture rather than trust to sanatory appliances which are constant and beneficent in their nature and effects.

The bacterium, bacillus, microbe, and coccus do not originate or

promote epidemics; they are the rank and file in God's great army of avengers. Harmless to the healthy, they are the scourge of the weak, the unclean, and the subjects of insanitation and disease.

Outside sanatory measures—the nature treatment—there is absolutely no cure for the fever group of diseases. Disaster has always accompanied the vain efforts of the drug physician. If men will contend against nature, they are sure to suffer defeat.

Where the nature cure is adopted, either in house or hospital, there can be no infection, and it is equally obvious that no complication can follow its action, the special poison being eliminated at the earliest stage of the fever.

The nature cure is the coming treatment. Stand out of its way.

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[1] The omission of numbers 17, 18, 19, 20, was an error in making up.

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